



29 October 2005

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**Doubts raised  
over flu preps  
distribution plan**

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**Scottish Exec  
pays price for  
GSK scheme**

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**Phoenix ditches  
Wood as Numark  
buy-out finalised**

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**A heaven scent  
opportunity for  
fine fragrances**

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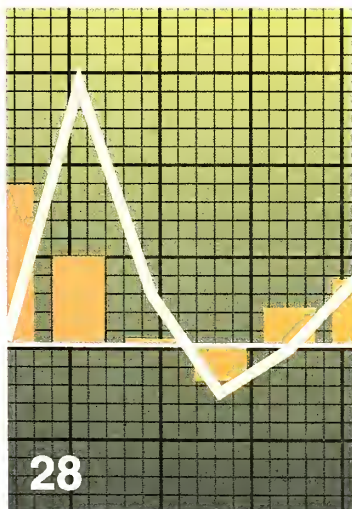
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# Pharmacy left cold by Roche flu drug plans

by Max Gosney & Asha Fowells

Pharmacists' needs are being neglected as Roche seeks to meet a Government quota for its flu drug Tamiflu (oseltamivir), a senior industry figure has warned.

Roche's decision to restrict access to Tamiflu and to supply directly to pharmacies would compromise treatment of seasonal flu and hinder a response to an avian flu outbreak, according to the undisclosed source.

"If the Government needs to supply a large volume of Tamiflu quickly then pharmacies are the best access point and it's full-line wholesalers who can supply them fastest," he said, adding: "I think Roche's actions are wrong and will prove problematic for pharmacists. How will they get in touch with the company and pay for the drug?"

The comments came after Roche confirmed it would be distributing Tamiflu centrally to

ensure that it satisfies the NHS's £200 million order for 14.6m courses of the drug placed in March this year.

However, a spokeswoman said the company was still supplying Tamiflu to pharmacy wholesalers, and would increase the amount "when the flu season starts". In the meantime, pharmacies can order a maximum of 10 packs direct from Roche, she commented. Although the company said it could not commit to delivery dates, stock delivery could take three to four days.

GlaxoSmithKline, which produces the antiviral flu drug Relenza, has also reported distribution difficulties following increased demand. A GSK spokeswoman said there appeared to be "a short term supply problem", and she was unsure when it would be resolved. Again, pharmacists can order direct from GSK on a 'needs' basis, but the spokeswoman could not say how



long stock would take to arrive.

When asked if the Department of Health was concerned that patients were being denied access to antivirals because of a shortage in the pharmaceutical wholesale chain, a spokeswoman said it was not a DoH problem. Doctors could only write private prescriptions for the drugs (though see panel) which fall outside the remit of the NHS,

and the DoH could only comment on the Tamiflu it had stockpiled in case of an influenza pandemic, she added.

Concerns over avian flu have sparked soaring demand for Tamiflu, which is effective against the deadly H5N1 strain of the disease, according to Roche.

Ketan Patel, proprietor at the Ethel Road Pharmacy in Leicester, said: "We've had lots of customers asking for Tamiflu. The fear factor is huge among patients and GPs. The drug has been placed on short-supply status with our wholesaler."

Pharmacists across the UK have acted to consult and calm customers confused over avian flu. Steve Barton, a pharmacist at MG Pharmacy in Bath, said: "I had one lady who demanded Tamiflu to protect herself and her family against avian flu. But I was able to explain to her that the disease is very unlikely. I haven't dispensed the drug yet."

## POLICY

### Pandemic contingency plan for UK follows WHO guidelines

The Department of Health has published a UK-wide plan for responding to an influenza pandemic, on the advice of the World Health Organization.

The framework document is divided into phases, starting with work that needs doing before a pandemic emerges, followed by a stepwise escalating response as the virus spreads. The main objectives are to save lives, reduce the health impact and minimise disruption to health and other essential services, says the plan's introduction.

Both immunisation and antiviral drugs have a role. However, a pandemic flu virus will be "significantly different" from existing strains and a new vaccine will need to be developed – meaning it may not be available at all for the first wave of a pandemic. In the meantime, antiviral drugs will be used and the DoH has said it will stockpile 14.6 million courses of Tamiflu (oseltamivir) and develop a strategy for optimal use.

A separate paper outlines the DoH plan to distribute and use the stockpiled antivirals with the aim of ensuring medicines are available to treat patients within 24 to 48 hours of the onset of flu symptoms.

Although the framework states that initial supplies should be

available at "local access points throughout the UK", a DoH spokeswoman said that strategic health authorities and PCTs would be responsible for planning distribution at a local level.

Other relevant documents available on the DoH's website include a guide to pandemic flu

for healthcare professionals and the public, issued by the chief medical officer, and guidance on treatments and infection control in hospitals and primary care settings.

**For more information:**

[www.dh.gov.uk/PolicyAndGuidance/EmergencyPlanning/PandemicFlu/ts/en](http://www.dh.gov.uk/PolicyAndGuidance/EmergencyPlanning/PandemicFlu/ts/en)

### NICE guidance on prophylaxis and treatment

NICE issued guidance on the use of oseltamivir, zanamivir and amantadine for prophylaxis and treatment of influenza in 2003. NICE stressed that the drugs were no substitute for vaccination, which remains the most effective way of preventing illness from flu, but said that when either the A or B flu strain is circulating in the community:

- Oseltamivir is recommended for post-exposure prophylaxis in at-risk adults and adolescents over 13 years who are not effectively protected by the flu vaccine, and for residents in care establishments, regardless of vaccine status. Treatment must start within 48 hours of contact with a sufferer.

- Oseltamivir and zanamivir are recommended to treat at-risk adults and children who can start

treatment within 48 hours of symptom onset.

- Amantadine is not recommended for post-exposure prophylaxis, seasonal prophylaxis, or flu treatment. Oseltamivir and zanamivir are not recommended for seasonal prophylaxis, post-exposure prophylaxis or treatment of otherwise healthy individuals with flu.

Patients are considered at-risk if they are over 65 or have one or more of: chronic respiratory disease (including COPD and asthma), significant cardiovascular disease except hypertension, chronic renal disease, immunosuppression, diabetes mellitus.

NHS prescriptions for oseltamivir and zanamivir will only be reimbursed if used according to the NICE guidance, and must be endorsed "SLS".



## Inbrief

### Athens 2006

Athens, home of the Olympics in 2004, will host the 2006 AAH Pharmaceuticals convention. The event, from June 2-7, will be themed according to philosophy, politics and pharmacy.

### Flu jabs rise

Superdrug plans to double its flu vaccination programme during 2006. Over 3,000 people will receive the jab over the next month at 20 of its stores.

### Clitherow quits

Jeremy Clitherow has resigned from the National Pharmacy Association's board of management. An election will be held to find a replacement for his area, which broadly covers Merseyside and Cheshire. The new board member will be announced on December 21.



Contraceptive methods were thrown into the limelight last year with the introduction of emergency contraception. The National Institute for Health and Clinical Excellence (NICE) has issued guidance on the use of emergency contraception, such as injectable, implant and intrauterine devices of emergency contraception. The guidance is based on the latest evidence and is available free by calling 018 434045. The NICE guidance is available on the NICE website and is available free by calling 018 434045. The NICE guidance is available on the NICE website and is available free by calling 018 434045.

#### SCOTLAND

## GSK discount terms force clawback adjustments

The changes to GSK's and IVAX's discount structures earlier in the year have forced the Scottish Executive Health Department to reduce its target 'clawback' rate from 9.935 per cent to 9.117 per cent.

Applying to dispensings made between September 1, 2005, and September 30, 2006, the new clawback scale also aims to:

- Return to contractors a small sum of discount over-recovered during the four years between April, 2000, and June, 2004.
- Reflect the reduction in

proprietary drug prices following the new Pharmaceutical Price Regulation Scheme.

A statement from the SEHD said that the next proprietary drugs pricing inquiry, due next year, would ensure that reimbursement for generic and proprietary products is consistent with the principles being pursued during the ongoing negotiations in the new pharmacy contract.

Commenting on the latest announcement, SPGC head of professional services

development, Alex MacKinnon, said that the SPGC was content that the reduction represented the "most pragmatic way to address what were a number of outstanding issues".

SPGC chairman Frank Owens said the new scheme "would ensure that future discount recovery also reflected the lower level of discount now available", as well as retrospectively compensating contractors for the over-recovery of discount on proprietary products dispensed since April.

AC

#### SCOTLAND

## SPGC and SPF to discuss merger proposals

The Scottish Pharmaceutical General Council and the Scottish Pharmaceutical Federation are proposing to merge.

The move would mean there would be a single Scottish organisation to represent community pharmacy contractors in Scotland, the organisations said

in a joint statement issued on Wednesday.

"Under the terms of the proposals the SPF would seek to wind up its affairs at the end of the year, transferring residual assets to SPGC, with SPF providing two representatives to sit as voting members on

the SPGC Standing Committee for the remainder of the current term," said the statement.

The proposals will be put before the general council of SPGC on November 2, while SPF will consider the proposal towards the end of November.

## Platinum Design Awards



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# Phoenix names new chief at the helm of Numark

by Max Gosney

Phoenix has appointed Simon Colebeck to replace David Wood at the helm of Numark after finalising its acquisition of the symbol group.

Mr Colebeck, former managing director at Numark Trading Ltd (NTL), will be charged with improving Numark's pharmacy services, said David Cole, chief executive at Phoenix. "Numark should focus exclusively on the needs and challenges facing the independent pharmacy sector by offering real value and greater benefits to its membership," he said. "We believe that it is vital that plans are put into place quickly to herald a new era."

Former chief executive officer at Numark, David Wood, had left the company with immediate effect, confirmed Mr Cole.

Mr Colebeck, who becomes managing director of Numark after a two-year tenure at NTL, plans to offer pharmacists greater influence at the symbol group. He said: "I want to lead a company where the members have a far greater say. This is a time of great change for pharmacy and I want Numark to be the natural ally for independent pharmacy."

Numark will set up an advisory board formed from independent pharmacists and increase door-to-

## On the way in



**Name:** Simon Colebeck

**Background:** Joined Numark Trading Ltd as managing director in 2003, where he steered two years of double-digit growth.

Mr Colebeck has also worked for healthcare firms including Boots, Crookes Healthcare and GlaxoSmithKline.

**Philosophy:** To lead a successful business which is responsible to the interests of its independent pharmacy members.

door visits by its professional services team in a bid to become more responsive to its members' needs, said Mr Colebeck.

Attracting more members would also prove key to Numark's future success, said Mr Colebeck. "For independent pharmacy to move forward it needs a collective

voice. My vision is to create a pharmacy family that's pulling in the same direction. The larger the family the better."

David Wood leaves the company after 15 years. Following his departure, Mr Wood told *C&D* that he was limited in what he could say but could confirm that he was no longer at Numark."

Phoenix, which acquired Numark in a £30.3 million takeover, also confirmed arrangements to pay all shareholders who agreed to sell their shares to the company.

Numark recorded pre-tax profits of £1.7m in 2004. It will continue to operate from Tamworth.

## On the way out



David Wood, former managing director of Numark

## Peptac Liquid and Peptac Peppermint Liquid Prescribing Information

**Presentation:** Peptac Liquid: Aniseed Flavoured Pink Suspension (each 5ml containing 133.5mg Sodium Bicarbonate BP, 250mg Sodium Alginate and 80mg Calcium Carbonate BP). Peptac Peppermint Liquid: Peppermint Flavoured White Suspension (each 5ml containing 133.5mg Sodium Bicarbonate BP, 250mg Sodium Alginate and 80mg Calcium Carbonate BP). **Indication and Dosage:** For the treatment of heartburn or gastric acid reflux conditions such as dyspepsia, reflux oesophagitis, hiatus hernia and other conditions where the underlying cause is gastric reflux: Adults and children over 12 years: two to four 5ml spoonfuls; children (6 – 12 years): one to two 5ml spoonfuls. Not recommended in children under six years of age. Doses should be taken after meals and at bedtime. **Pregnancy and Lactation:** Peptac Peppermint Liquid is indicated for heartburn of pregnancy and may be used during lactation. No clinical data on exposed pregnancies are available. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryonal / foetal development, parturition or postnatal development. To date, no other epidemiological data are available. Caution should be exercised when prescribing to pregnant women. **Warnings:** Care should be exercised in patients on a sodium restricted diet as each 10ml dose contains up to 143mg of Sodium. Should not be taken within 1 to 2 hours of taking medicines by mouth, or for more than two weeks if symptoms persist. Peptac should not be taken by patients allergic to any of its constituents. Peptac contains parahydroxybenzoates (E214, E216) which can cause formation of a raised, itchy skin rash/hives; flaky, dry skin patches (dermatitis), and rarely tightness in the chest and difficulty breathing. **Drug Interactions:** Antacids may interact with many other drugs as they alter the gastric pH which may affect dissolution, solubility or ionisation of the other drug. Antacids reduce the absorption of certain drugs from the following groups: ACE inhibitors, Analgesics, Antibacterials, Antiepileptics, Antifungals, Antimalarials, Antipsychotics, Biphosphonates, Lithium and Penicillamine. Antacids may increase the pH of the urine and affect the rate of drug elimination. Excretion of basic drugs is decreased whereas acidic drugs are eliminated more rapidly. Due to effects at the renal level sodium bicarbonate may reduce plasma lithium levels and increase plasma quinidine levels. **Side-effects:** Constipation, flatulence, stomach cramps or belching may occasionally occur. **Legal Category:** GSL. **Package Quantity:** Peptac Liquid: Bottles containing 500ml. NHS list price: £1.95. Peptac Peppermint Liquid: Bottles containing 500ml. NHS list price: £1.95. **Product Licence Holder and Manufacturer:** Pinewood Laboratories Limited, Ballymacarby, Clonmel, Co. Tipperary, Ireland. **PL Number:** Peptac Liquid: 04917/0021. Peptac Peppermint Liquid: 04917/0027. **Further Information:** Further information on Peptac Liquid and Peptac Peppermint Liquid is available on the Summary of Product Characteristics or on request from the licence holder. **Date of preparation:** September 2005.

## Retail tips

AAH Pharmaceuticals has launched a guide to category management as part of its Vantage scheme.

The AAH programme, which costs £249, aims to boost retail sales through improved merchandising.

The company will offer tips on the placement, promotion and pricing of ranges including toiletries, baby care, first aid, oral care, personal care and feminine hygiene.

AAH has also announced plans for a follow-up to its series of IT workshops on the electronic transfer of prescriptions (ETP). Over 1,000 people attended 14 events across the UK.

MG

For more information:  
LINKEvolution@aah.co.uk

## Vet meds law comes into force

New regulations preventing manufacturers and wholesalers from discriminating between vets and pharmacists in the prices, discounts and rebates they offer come into force on October 31.

The new regulations, *The Supply of Relevant Veterinary Medicinal Products, SI 2005:2751*, also:

- Require veterinary product manufacturers to give net pricing information every three months to pharmacy customers.
- Require manufacturers to supply, on demand, the net prices at which they will be able to supply during the next three months.
- Prevent vets from charging a fee for giving a prescription for

three years from the date of the Order, although they may recover prescribing costs from clients in other ways.

● Make it illegal for manufacturers to discriminate between vets and pharmacists in the prices they charge or discounts and rebates they offer.

The regulations follow the 2003 Competition Commission report on the supply of POM veterinary medicines in the UK. This concluded that the existing supply structure did have certain adverse effects on the public interest.

For more information:  
<http://www.opsi.gov.uk/si/si2005/20052751.htm>

AC



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Pharm

# Branded generics plan may cost £142m, warns PSNC

PSNC has called for community pharmacists to be able to substitute branded generics with generics, in a damning 22-page response to new standard branded generic pricing proposals.

Although supportive of the Department of Health's general aim to transfer standard branded generics out of the Pharmaceutical Price Regulation Scheme, PSNC believes the proposed reimbursement mechanism will not result in value for money for the NHS and flies in the face of the terms of the new contract. As it stands, the proposal is likely to cost community pharmacists over £142 million.

Rejecting entirely the proposal that branded generics should be paid at the lesser of either the *Drug Tariff* price or the list price of the standard generic medicine, PSNC also pointed out that the proposals have the potential to affect the competition that drives down prices in the generics market. Its research shows that 35

per cent of branded generics are priced below the equivalent generic *Drug Tariff* price. Citing the example of co-codamol tablets effervescent 30mg/500mg, PSNC says that there is already anecdotal evidence that branded generic prescribing is restricting the competitive market for some generics. As the new pharmacy contract guarantees community pharmacists £500m in retained purchase profits, "this loss would have to be repaid to pharmacies by the DoH. Therefore [it] will be funding directly the profitability of branded generics manufacturers".

PSNC's response also points out that some of the products listed in the consultation are not currently released into the pharmacy distribution system or cannot be easily procured. Handling charges for a special order are currently passed on to the NHS through out of pocket expenses. Furthermore, delays in sourcing a product impact on patient care and convenience.

Summarising, PSNC said that providing pharmacists with a list of products where generic substitution was acceptable would act as a simple alternative without a long-term cost to the NHS.

"Standard branded generics which are bioequivalent and clinically interchangeable with equivalent competitive generic products should not be recognised by the NHS as being different from other generic versions of the same medicine," said PSNC.

PSNC's call is echoed by the NPA, which also supports the general principle of removing standard branded generics from PPRS but opposes any pricing changes that will adversely affect members' businesses. "The NPA's solution is not to acknowledge the existence of standard branded generics by establishing a separate price list. Rather, pharmacists should be able to supply equivalent comparable generics against prescriptions written for [branded generics]," said NPA chairman Raj Patel. **AC**

Medicines

## Yellow Card scheme now for patients

The public are being encouraged to report suspected side effects from medicines in a new Yellow Card scheme being piloted by the Medicines and Healthcare products Regulatory Agency.

The MHRA already gathers data from doctors and pharmacists and the scheme will shortly include patients and carers. Patient Yellow Card reporting forms will be available from GP surgeries, pharmacies and other NHS outlets across the UK from next week. Reports can also be made on the Yellow Card website at [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk) or by freephone to the Yellow Card hotline on 0800 100 3352.

Prescribed and OTC medicines, herbal and complementary remedies are all included in the scheme.

Professor Kent Woods, chief executive at the MHRA, said: "By inviting people to report their experiences, not only are we able to gain better insights into the safety of medicines, but we can also more directly involve people in medicines regulation."

The Royal Pharmaceutical Society and ABPI both support the scheme. Rob Darracott, director of corporate and strategic development at the Society, pointed out that a patient report on the adverse effects of medicines would not replace the need for a pharmacist to make a report but would enable the MHRA "to consider the adverse reaction from different perspectives".

The ABPI advised that careful analysis of the data would be critical. It would also welcome improvements healthcare professionals' reporting by providing better training. **JE**

PETALING

## 100 hours for Cheltenham Lloydspharmacy

A Cheltenham Lloydspharmacy has started NHS dispensing – six and a half years after opening – thanks to the 100-hour opening exemption to the control of entry regulations.

The branch, at the city's St Paul's health centre, is now opening between 8am and 10.30pm, Monday to Saturday, and between 9am and 10pm on Sundays. It is expected to recruit around seven extra full and part-time staff members to cover the additional hours.

The pharmacy has a private consultation area and will continue to offer services such as free blood pressure testing, free diabetes screening, repeat dispensing and prescription collection. Over the past two years the branch has carried out 753 diabetes and blood pressure tests, Lloydspharmacy says. The branch is also accredited to provide medicine use reviews and prescription interventions, but is yet to conduct a review.

The St Paul's centre has 29 GPs, chiropodists and



Dr Phil Fielding, GP, front row left; Dr Phil Fielding and staff from Lloydspharmacy – Emma Shill, Sue Holroyde, Linda Housman and Pete Kington

chiropractors and serves 46,000 patients. Lloydspharmacy superintendent Andy Murdock said: "Acquiring the licence to dispense enables us to complete

the primary healthcare offering."

Dr Phil Fielding, a GP at the health centre, added: "Patients will benefit from a more integrated service." **AC**

## Questiontime

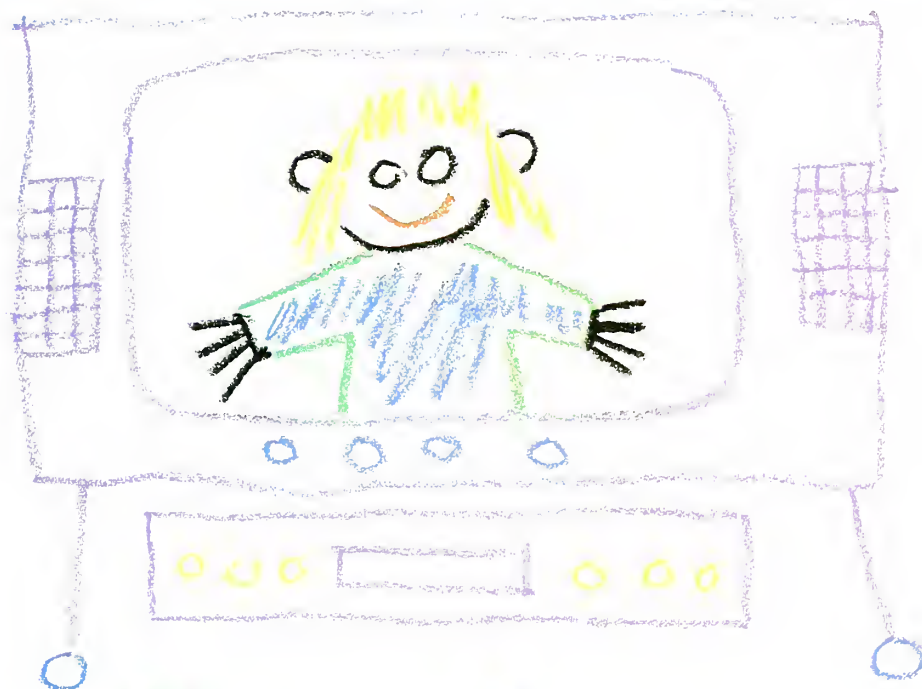
### This week's question:

Which firework best represents the future of the pharmacy profession?

- Sparkler
- Catherine wheel
- Banger
- Rocket
- Damp squib

You have until noon on November 1 to vote at [www.dotpharmacy.com](http://www.dotpharmacy.com). We will publish the results in C&D on November 5.





# New Look Medised for children should be bought by more mums

Now there's more in Medised than ever - for you and your customers. For the first time Medised will enjoy national TV coverage in a campaign running throughout November and December.

Medised contains an extra active ingredient, Diphenhydramine Hydrochloride - a mild antihistamine which eases breathing and helps restful sleep. This means that mothers may be more likely to make Medised their product of choice over other products only containing paracetamol, for the relief of cold and flu symptoms.

So make sure you're prepared for more mums asking for Medised - and stock up now!



**Medised For Children Prescribing Information:** Presentation: Clear to pale pink strawberry flavoured liquid. Each 5ml contains: Paracetamol 120mg and Diphenhydramine Hydrochloride 12.5mg. Uses: For the treatment of mild to moderate pain, including teething pain, headache, sore throat, aches and pains. Symptomatic relief of influenza, feverishness and feverish colds. Controls excessive mucous secretion and eases nasal irritation. Also helps restful sleep. Dosage and administration: Infants and children 3 months to under 1 year: Half to one 5ml spoonful 3-4 times daily. 1-under 6 years: One to two 5ml spoonfuls 3-4 times daily. 6-under 12 years: Two to four 5ml spoonfuls 3 times daily. Dose should not be repeated more frequently than four hour intervals, and no more than four doses should be taken in any 24 hour period. Do not give to infants under 3 months, except on the advice of a doctor. Contraindications: Large doses of antihistamines may precipitate

fits in epileptics. Hypersensitivity to paracetamol or any of the other constituents. Warnings: If symptoms persist, dosage should not be continued for more than 3 days without consulting a doctor. Do not exceed the stated dose. Immediate medical advice should be sought in the event of an overdose, even if the child seems well, because of the risk of delayed serious liver damage. This product may cause drowsiness. If affected do not drive or operate machinery. Use with caution in patients with renal or hepatic impairment. Side effects are rare, but paracetamol hypersensitivity may occur. Legal Category: P. Pack Size and RSP (excluding VAT): 100ml bottle £2.80; 200ml bottle £4.12. Product Licence Number: PL11314/0135. Product Licence Holder: Seton Products Limited, Tubiton House, Oldham, OL1 3HS. Date of Revision: July 2005. Further information available on request from: SSL International, Venus, 1 Old Park Lane, Trafford Park, Manchester M41 7HA, UK.



# Race riot hits pharmacies

by Max Gosney

Pharmacies were forced to make emergency closures as racial violence flared in Birmingham last week.

Local pharmacists said they were "shocked" and "scared" as the 100-strong riots hit in the Lozells area of the city. Dr Chandra Thanki, proprietor at the Calstar Pharmacy, Lozells Road, Lozells, said: "The police asked us to shut the pharmacy so we

were able to pull the shutters down before trouble started. We were very scared and some of the rioters were openly saying they would burn the shops down."

Customers were left without essential medicines for several hours as the Calstar pharmacy closed three times during the violence, added Dr Thanki. "We had to explain to addicts why they could not get their methadone prescription, which was a difficult situation."

Other operators reported a narrow escape as many homes and businesses were damaged during the disturbances. Abdul Begg of Chemipharm, also on Lozells Rd, said: "Had we remained open then I think we would have had our window smashed. It's a worrying time for the area and the customers are scared."

The riots, which left one dead and 35 injured, were triggered by claims that a 14-year-old girl had been raped by a group of men.



Representative of the pharmaceutical industry, including members of the British Society of Clinical Pharmacy, and the Royal Pharmaceutical Society, are pictured with the winners of the 2005 Pharmacy Education Awards. The winners are: Best Clinical Pharmacy (ex VAT); Best Clinical Pharmacy (ex VAT); Best Clinical Pharmacy (ex VAT); Best Clinical Pharmacy (ex VAT); Best Clinical Pharmacy (ex VAT); Best Clinical Pharmacy (ex VAT). The winners are: Best Clinical Pharmacy (ex VAT); Best Clinical Pharmacy (ex VAT); Best Clinical Pharmacy (ex VAT); Best Clinical Pharmacy (ex VAT); Best Clinical Pharmacy (ex VAT); Best Clinical Pharmacy (ex VAT).

## EDUCATION

### Courses need more cash

University pharmacy courses must be better funded and carry a greater emphasis on clinical skills to ensure future success for the profession, a report has claimed.

Undergraduate training is restricted by under-investment and a lack of direct experience with patients, said the APPELT project, a three-year scheme designed to advance the provision of law and ethics teaching in UK schools of pharmacy.

The report called on the Government to reconsider its classification of pharmacy as a science. The associated lack of funding was limiting the opportunity for young pharmacists to "embed concepts of professionalism" via practice placements, it added.

MG

## PHARMACY

### Fitness to practise list needs more clarity

The Royal Pharmaceutical Society has called for more clarity regarding cross-PCT registration in the forthcoming new fitness to practise regulations.

Responding to the draft regulations, the *NHS (Pharmaceutical Services Supplementary List) Regulations 2005*, chief inspector Jackie Giltrow warns that the current proposals relating to inclusion on the supplementary list could result in an unnecessarily cumbersome and slow system.

Listing 13 points for clarification and consideration, Mrs Giltrow points out that the draft supplementary list regulations, which will apply to all registered pharmacists (*C&D*,

*September 24, p4*), do not make any provision for locum pharmacists working across PCT boundaries to register in their 'home' PCT. At least 25 per cent of pharmacists working in primary care are locum pharmacists "so the likelihood of transferring between lists is high", she said.

Her response also points out that:

● There do not appear to be any mechanisms for ensuring that someone on the list remains fit to be there.

● There appears to be no provision in the draft regulations to allow exemptions from submitting all the information required under the regulations,

even where the applicant is already entered on a supplementary list.

The RPSGB estimates that approximately 21,000 pharmacists will initially apply for inclusion on the supplementary list between January and March 2006, and that there will be approximately 1,000 new registrants every year. It points out that, in the event of serious fitness to practise issues, the current proposals risk duplicating existing processes.

"The extension to NHS disciplinary processes will be complementary to those exercised by the Society. It is important that PCTs are permitted to place reliance on the RPSGB regulatory role."

AC

**Nicorette (nicotine) Inhalator**  
**Product Information:** Presentation: Inhalation cartridge containing 10mg nicotine for oromucosal use via a mouthpiece. **Uses:** For the relief of nicotine withdrawal symptoms as an aid to giving up smoking. It is used to help smokers ready to stop smoking immediately and also to help smokers who need to cut down their cigarette use before stopping. **Dosage:** Smoking cessation: 6-12 cartridges per day for 8 weeks. Halve the number of cartridges in weeks 9 and 10. Reduce to zero by end of week 12. **Smoking reduction:** Use between smoking episodes to reduce smoking. A quit attempt should be made as soon as the smoker feels ready. Professional advice should be sought if no reduction in 6 weeks or no quit attempt in 9 months. Not to be used by people under age 18 unless recommended by a doctor. **Contraindications:** Hypersensitivity, non-tobacco users. **Precautions:** Best used at room temperature. Peptic ulcer, cardiovascular disease, systemic hypertension, peripheral vascular disease, diabetes mellitus, hyperthyroidism, phaeochromocytoma, hepatic or renal disease, gastritis. **Pregnancy & lactation:** Only after consulting a healthcare professional. **Side effects:** Cough, irritation of throat and mouth, headache, rhinitis, pharyngitis, stomatitis, dyspepsia, anxiety, nausea, dry mouth, chest pain, skeletal pain, diarrhoea, flatulence, local paraesthesia, allergy, depression, vomiting, dyspnoea, thirst, gingival irritation, hiccups, palpitations. **RRP (ex VAT):** 6-Starter pack (£3.39), 42-Refill pack (£11.37). **Legal category:** P. **PL holder:** Pharmacia Limited, Ramsgate Road, Sandwich, Kent CT13 9NJ. **PL number:** 00032/0280. **Date of preparation:** August 2005. **References:** 1. Pfizer Consumer Healthcare data on file - IPSOS-UK April 2004. 2. Pfizer Consumer Healthcare data on file - CDS 001. **Date of preparation:** October 2005. 00631



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# Reporting for duty



Under the terms of the new community pharmacy contract, pharmacists in England and Wales need to report patient safety incidents to the National Patient Safety Agency's (NPSA) anonymous and confidential reporting system. **Wendy Harris**, a pharmacist and head of safety solutions at the NPSA, explains how reporting works

Patient safety is a key issue for everyone who works in healthcare in the UK and is at the heart of community pharmacy practice. This emphasis on patient safety is reflected in the new community pharmacy contract, which came into effect on April 1, with pharmacists now required to maintain logs of all patient safety incidents such as those associated with the prescribing and administration of medicines and not just dispensing errors.<sup>1</sup>

Incident reports will be fed into the National Reporting and Learning System (NRLS) to enable the NPSA to build a clearer national picture of the problems affecting patient safety and develop solutions and resources to help healthcare professionals safeguard their practice.

## A role for community pharmacy

Pharmacists already play a crucial part in minimising the risks to patients associated with the prescribing, supply and use of medicines and are well placed to spot and report errors that may have occurred during the process from prescribing to administration.

Reports from community pharmacists will be invaluable in helping the NPSA identify, and develop solutions to, the patient safety issues that concern them and the patients they care for. The NRLS allows pharmacists to report the incidents that they are involved in or witness confidentially and anonymously. Three routes are available to enable them to report:

- A direct reporting route to the NPSA using the electronic

## NPSA solutions

The NPSA has issued three patient safety alerts on making medication safer:

- Ensuring safer practice with Repevax and Revaxis vaccines.
- Reducing the harm caused by oral methotrexate.
- Potassium chloride concentrate solutions.

These patient safety alerts are available on the NPSA website <http://www.npsa.nhs.uk/health/alerts>

reporting form – known as the eForm – now available on the NPSA website

<https://www.npsa.nhs.uk/staffform/>

- Reporting through the local primary care organisation's established system.
- Reporting through the existing risk management systems that large community pharmacy organisations already have in place. These company systems will be integrated with the NRLS.

To help pharmacists navigate their way through the eForm, the NPSA has developed an incident reporting pathway which is available as a separate insert in this edition of *C&D*.

## What should community pharmacists report?

Initially only serious incidents need to be reported to the NPSA with a longer term aim toward all categories of incidents. Many community pharmacy companies and organisations have already begun to build their capacity to collect this information, for

company, organisation and individual learning.

## Building a national picture

The NPSA was established to improve the safety of NHS patients by promoting a culture of learning and reporting from patient safety incidents. By drawing together incident reports from healthcare staff in all care settings across England and Wales, it will help the NHS understand the underlying causes of patient safety problems and act to introduce practical changes to prevent mistakes.

The NPSA does not investigate individual incidents or become involved in any aspect of disciplinary procedure. In line with lessons learned from other safety critical industries such as aviation, to encourage reporting the NRLS will retain information only in an anonymous form and individual staff or patients involved in any incident will not be identified.

## Learning from incidents

Part of the NPSA's role is to provide feedback on issues from the NRLS and share learning with the tens of thousands of

*Seven Steps to Patient Safety* is a good practice guide which summarises the steps that staff, teams and organisations can take to make patient care safer. It was developed for NHS organisations, but includes ideas and advice that are highly relevant for the community pharmacy setting. Go to [www.npsa.nhs.uk/sevensteps](http://www.npsa.nhs.uk/sevensteps)

healthcare professionals who take the time to report incidents to us. Data from the NRLS will be analysed alongside other sources of information as part of the Agency's Patient Safety Observatory. This will help the NPSA identify priorities for action and support work on developing solutions to tackle patient safety problems.

The first report from the Patient Safety Observatory, including NRLS data, was published in July along with a new publication, *Patient Safety Bulletin*, a review of learning from patient safety incidents. The *Bulletin* has been developed to rapidly feed back data and safety concerns to healthcare professionals and aims to raise awareness of specific patient safety problems, share evidence and, where possible, provide practical advice on how to minimise risks.

## Reference:

1. *Patient safety incident: any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS-funded care. This is also referred to as an adverse event or medication error, and includes near misses.*

All NHS organisations in England and Wales can now submit data to the NRLS and work is now progressing to ensure that community pharmacists can meet the requirements of the new contract and submit their valuable reports. To keep up to date with the NPSA's work integrating community pharmacy into the NRLS, go to: <http://www.npsa.nhs.uk/health/currentprojects/pharmacyreporting>



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**Pharma Nord**

Our question to pharmacists this week was:

**Do you think prescription charges for patients should be retained, reduced or abolished?**

**"I think they should be kept as they are"**

Moji Okuwaga,  
Upminster

**"There needs to be a fairer structure of pricing, so people who are exempt don't get everything free and make a contribution to the cost of their medicine"**

Anonymous, Downham  
Market

Our online poll at [www.dotpharmacy.com](http://www.dotpharmacy.com) said...



## Comment

from the Editor

### Pharmacy role in flu unclear

With all the press coverage about avian flu, it is only appropriate that pharmacists be given some understanding of what role they will play when (or if) the pandemic strain surfaces.

But it would seem that, as usual, the role of community pharmacy has not been thought through. Pharmacists and pharmacy staff are in the front line, as the NHS sometimes acknowledges. However, whether or not they should be included alongside other health professionals, for example in the vaccination programme, is something that the NHS accountants have yet to decide upon.

It is also something of a mystery as to quite how and when the antivirals that are being stockpiled will actually see the light of day. The wholesalers, with twice daily deliveries, are being cut out of the distribution loop, with the manufacturers advising that restricted supplies only are available. These will be made direct to pharmacists, but this could be three to four days later – is this right when the drug should be started pronto to have any impact?

The policy may change once the flu season proper is deemed to have kicked in, but at present, the manufacturers are being worryingly coy. Is this because they are building up the NHS stockpile or is it because they don't actually have as much as hoped? Suggestions that revealing such data, or that confirming distribution methods, could impact on the security of the products, only adds to the concern.

The flu strategy is a work in progress, but it is clear that the DoH wants much of it done at a local level. For this reason, then, pharmacists need to lobby their PCOs now and make sure the gaps in the plan are quite clearly understood. The grand plans will fail if such practicalities are overlooked.

**Grand plans will fail if the practicalities are overlooked**

## Yourviews

E-mail your views to [chemdrug @ cmpinformation.com](mailto:chemdrug@cmpinformation.com)

### IPF: learn from the mistakes of others

On October 5 a meeting was called at Milton Keynes. Taking part were 25 pharmacists who felt that there was a need for an independent voice exclusively for the interest of independent community pharmacists across the UK.

In their opinion, the current organisations of the profession do not truly represent their views or interest. The established organisations would obviously deny that such was the case.

Having called the meeting, the first task of the new organisation was to draw up the constitution and name the organisation the Independent Pharmacy Federation (IPF).

But consider the following. PSNC has 31 members out of

whom 15 are elected by the contractors on a regional basis. Of the remaining 11, there are representatives of the Company Chemists' Association, the Co-operative Pharmacy Association and the Association of Independent Multiple Pharmacies. The other five members are nominated by the NPA.

Therefore, technically, out of 35 members, 16 are not directly elected by the contractors.

NPA Board members are elected by individual pharmacy contractors and non-pharmacist bodies corporate.

However, the non-pharmacist body corporate and the individual pharmacy contractors are allowed to cast their votes according to the number of pharmacies they own.

Therefore if a non-pharmacist body corporate owns 100 pharmacies and individual pharmacy contractors also own 100 pharmacies, then both of them are entitled to cast 100 votes. But then this is what democracy is all about.

The NPA is now taking the multiples under its wing. The question one has to ask is why there has been such a move, especially when the multiples are already adequately represented. The NPA was set up to look after the interests of independent community pharmacists.

How can the NPA, after all these years, represent both the independents and multiples, when the prosperity of multiples almost

*Continued on page 16 ►*



# BlackBAG

## Ostriches can get it too

No one can fault the Department of Health's efforts in highlighting a potential epidemic set to sweep the world. People are generally bemused despite chief medical officer Sir Liam's impassioned entreaty to take bird flu seriously.

Far from widespread panic, Joe Public's reaction borders on incredulity. It used to be called 'chicken flu' which made matters even worse; being a member of the poultry family never was great fun. Edwina Currie once kindly pointed out that not only was there a little lion on the egg shell, inside there was more than enough Salmonella to clear out your average nursing home. As a result, millions of hens ran around like, er, headless chickens.

A great deal of flu transmission comes from physical contact but with this strain you don't even need to shake hands with an infected Rhode Island Red to come down with what killed millions in 1918. Yet people make jokes about it. On the Brighton train the driver announced a delay because the preceding train had

### Rod Hull must be turning in his urn

been "fouled". "Wrong kind of chicken flu on the line," muttered a hardened commuter.

Image is the problem. Most of us cannot seriously contemplate a lethal infection from something that clucks and is capable of doing the 100 metre dash decapitated, George Bush excepted.

Bird flu obviously needs a PR job. Consider the 'Flesh Eating Bug' which consumes the body as you watch. Now that's something to set the surgery phones ringing but 'Avian flu' for goodness sake? Imagine the humiliation of having 'Killed by a Bolshie Broiler' on your death certificate.

Sticking our heads in the sand ain't going to help either, not least because ostriches can get it as well. Rod Hull must be turning in his urn.

*Dr Ian Banks is a GP practising in Northern Ireland*

## TOPICAL REFLECTIONS

### Powerless in the face of a pandemic



I wish I had bought some shares in Roche a couple of months ago. Its share price is booming as demand for Tamiflu rockets and it must also be profiting from the largely media-driven demand for Herceptin. But hindsight is a wonderful thing, and if only the DoH had foreseen the current bird flu outbreak it could have ordered more of this year's flu vaccine.

The over-zealous reporting of the bird flu story has led to an increased demand for flu vaccine and every GP practice should easily be able to meet its vaccination targets. Patients are scared stiff by reports of imminent pandemics and flu vaccine is like gold dust at the moment.

Increased awareness of the risks of flu and advanced warning of a pandemic, which may or may not happen at some point over the next few years, are in the public interests but it is not easy to educate Joe Public about health issues of this nature. There is a fine line between educating and spreading panic and the trouble is that the best headlines are the most sensational. I have heard reports of people refusing to eat poultry, slaughtering their pet chickens 'just in case', and patients who will beg, borrow or steal to get hold of a flu jab.

Of course, I don't have any flu jabs, only free advice. And my own advice comes mainly from what I can glean from the news reports tempered by my scientific background and cynical nature. I realised how seriously the whole thing is being taken when my fax machine ran out

of paper receiving the chief medical officer's words of wisdom. So now I am a bit better informed (thanks also to the excellent coverage in last week's *Winter Remedies* supplement sent out with *C&D*) but still confined to my advice-giving role.

I expect to dispense Tamiflu in the event of a pandemic, unless it will somehow be distributed centrally. Ideally the best thing I could do in an outbreak would be to try and avoid the infection myself. Of course that would be impossible and this perhaps is the most scary thing. Healthcare professionals would be the most exposed to the flu virus and would be dropping like flies. With large swathes of the population at home in bed, the United Kingdom would be at risk of grinding to a halt and missed investment opportunities would be the least of my concerns.

### MURs need a kick-start

I am now qualified to perform medicines use reviews and have invested in a consultation room from which I can carry them out but I have so far only completed three. These were at my own suggestion for patients who could attend on a Saturday afternoon. I have had no support from my local GPs and only very limited input from my PCTs. I have carried out three more MURs than most of my local colleagues.

At this rate I will get nowhere near 200 MURs in a year, and therefore miss out on a significant chunk of new contract income. Interest in the whole idea is likely to fizzle out completely unless I can carry out

more reviews. Patients are completely unaware that such a service might be available, GPs are uninterested and there will be nothing but confusion at the PCT as it is 'reconfigured'.

The people best placed to drive demand for MURs are patients themselves and I suggest that a public awareness campaign is necessary to kick-start the process. Interested patients would encourage GPs to support the service and demand would snowball. So much effort has been put into preparing the profession to deliver this service that it would be tragic for it to flop simply due to lack of publicity.

◀ Continued from page 14

certainly comes at the expense of independents?

By having the multiples as members, the NPA will certainly dilute the organisation's role for the independents. It will also raise doubts in the minds of its members as to whose side it is on. The NPA has always been, and should be, the voice of the independent.

Members will certainly feel that they have been let down and will lose faith in an organisation which used to be their voice.

The recent proposed mergers between Boots and Alliance UniChem mean only one thing: that the independent pharmacists' voice will be further diluted and not heard. It seems that the NPA has opened the door in allowing the multiples to become their members to increase their financial stability.

With all the changes occurring in pharmacy, independents certainly need an organisation they can turn to and count on for support to act on their behalf. Therefore forming the IPF may remedy the solution. But the IPF needs to inspire independent community pharmacists by offering a clear vision of where they wish to take the profession in the future.

Forming another body may create more confusion since it is true to say that not many outside the pharmacy world recognise and know the specific roles that the PSNC, NPA and RPSGB play in promoting the industry. An entirely new organisation will probably get lost in the mix of pharmacy representative organisations.

Let us hope that independent community pharmacists are prepared to support, form and join the new organisation and allow the IPF to represent their views by offering their financial support.

**Ashwin Tanna,**  
South London.

### IPF? What about us locums?

A recent letter to the pharmaceutical press bemoaned the establishment of yet another organisation to represent a sectional interest within the Society's membership, this time private contractors.

Both the Society and the NPA have become umbrella organisations representing many shades of interest and opinion within the profession. Is it any wonder that some members feel the need to set up their own organisation independent of the two large bodies, neither of which they believe would give sufficient weight to their concerns but merely lump them in with everyone else?

There have been times at work when I would have benefited from support and advice, but I have felt that I am working in a professional vacuum with no one to turn to. Other locum pharmacists have expressed similar views and it has to be said that sometimes we do feel a little lonely in the workplace when we see the support and training that contract staff receive from their employers. But no support for us. After all: "You are only a locum!"

So, adding fuel to the fire, can I express the wish that since nearly

### And the real Xrayser is ...

My dispenser wants to know when I started writing the *Xrayser* column. His views on MDS (*C&D*, October 22, p19) were word for word what I have muttered on several occasions myself.

**Susan Grote,**  
community pharmacist, by e-mail.

[Editor's note – it is our policy never to reveal *Xrayser's* identity. We can only confirm that he or she is a practising community pharmacist]

40 per cent of the membership now practise as locum pharmacists it is high time that our interests were represented independently.

The new pharmacy contract has indicated to everyone that while employers and contractors are recognised by the PCTs *et al*, locum pharmacists, who have to deliver many of the services, are nowhere in their thinking. We are 'on our own' as far as training and skills updating are concerned.

There are many issues of special concern to locums, and the Pharmacy Defence Association does a useful job in highlighting employment issues. But there are a host of professional matters that locums could usefully discuss between themselves so a 'Locum Pharmacists Association', could attract the interest of up to two-fifths of the membership. Then we really would have a voice in pharmaceutical affairs.

Perhaps this is a matter that the Society, or more likely the NPA, could consider. The potential for growth of the NPA would be enormous. The organisation is much more flexibly placed to represent the needs of the workforce than the more rigid, formal structure of the Society allows. Indeed, Lambeth appears

to be becoming a regulatory, disciplinary and financial nightmare for an increasing number of pharmacists, to say nothing of the burden of CPD.

Here is an issue that could unite the whole profession. The way CPD was introduced at a time of so much change showed a lack of common sense and sensitivity by Council members and officials alike. No wonder, with the subscription fiasco, that so many Council members lost their seats in the last elections.

Now we read that all convictions have to be declared on our retention fee form. Many members will feel unhappy with this, as a misdemeanour may have no bearing on one's professional career and could have happened long before the member became a pharmacist.

The blunt imposition of this requirement is just the sort of initiative guaranteed to put the membership's collective backs up.

No one wishes to see a plethora of special interest groups in the profession. But an organisation solely for locum pharmacists might just be an idea whose time has come.

**David Morgan,**  
Surrey.

## Dendron to market Mum deodorants.



Practer & Gumble & Doetsch Grether AG, have agreed to enter a long-term Licensing Agreement for the UK Mum deodorant business.

Doetsch Grether AG has appointed Dendron Limited, its existing UK distributor, to coordinate sales, marketing & distribution responsibilities from November 1st 2005.

Peter Dutton, Commercial Development Manager of Dendron comments, "All three companies are excited over the development opportunities that exist for Mum in the UK"

Dendron 01923 229251







This article can help in the following CPD competencies:

**G1e, G1f, C1d.**

A list is available at [www.uptodate.org.uk/home/PlanRecord.shtml](http://www.uptodate.org.uk/home/PlanRecord.shtml)

# Drug excretion

In the first of two articles on drug excretion, *Professor Danny Burke* explains how drugs leave the body via the bile, faeces and other minor routes

Once a drug has been absorbed into the body and distributed, two further fates await it – metabolism and excretion. Metabolism activates some drugs, either for good (for example, codeine is converted to morphine, which accounts for much of codeine's analgesic properties) or for ill (for example, paracetamol is converted into a quinoneimine metabolite that causes hepatotoxicity after an overdose).

Nevertheless, metabolism is mostly a detoxifying event, which brings the actions of a drug to an end. In this sense, for example, paroxetine is eliminated almost entirely by metabolism.<sup>1</sup> Ultimate detoxification, however, comes only with the complete removal of the drug and all its metabolites from the body, that is, through excretion.

Although metabolism and excretion are two distinct processes, with entirely different mechanisms, their progress and their effects are often closely intertwined. In particular, metabolism accelerates the excretion of many drugs because their metabolites are more readily excretable than the parent compounds.

Most drugs and other chemicals are excreted in the urine, and so the kidney is exposed for prolonged periods to relatively high concentrations. This can cause localised toxicity and so, although excretion delivers the ultimate detoxification for the body as a whole, several drugs cause renal toxicity, including cisplatin, ciclosporin A, gentamicin, phenacetin and streptomycin. Here the link between drug metabolism and excretion occurs once more, as the renal toxicity of phenacetin and cisplatin may be due to the metabolic activation of the drug in the kidney tubule cells via an

enzymic process called the cysteine conjugate beta-lyase pathway.<sup>2</sup>

The main routes and organs of drug excretion are:

- In the urine, via the kidney.
- In the faeces, via the bile and the liver.

Some drugs are excreted mainly in the urine, others mainly in the faeces (see Table 1). In general terms, urine is the route favoured by drugs and drug metabolites with small molecular weights (under 500) that are hydrophilic and not highly bound to plasma proteins. Faecal elimination tends to be favoured by larger molecular weight drugs that combine both lipophilic and hydrophilic characters and are extensively plasma protein-bound.<sup>3</sup>

It is not uncommon for a parent drug to be excreted in the faeces while its more water-soluble metabolites are excreted in the urine. Lansoprazole (MW 369), for instance, is poorly soluble in water and is 98 per cent plasma protein-bound. Approximately 50 per cent of a dose is metabolised; these metabolites are excreted in the urine whereas unmetabolised lansoprazole is excreted in the bile.<sup>1</sup>

Minor routes of drug excretion include breast milk, expired air, saliva and sweat.

## Breast milk

Drugs pass from the blood into breast milk mainly by passive diffusion, which does not involve any carrier proteins and depends on four main drug factors:

- The drug concentration gradient between blood and milk (because the drug diffuses only from a higher to a lower concentration).
- The lipid solubility of the drug (high lipid solubility enhances diffusion).
- The molecular weight of the



Most drugs are excreted in the urine, but other routes include the faeces, breast milk, expired air, saliva and sweat

drug (smaller drugs, with molecular weight less than 300, diffuse faster).

- The pKa of the drug (because only the non-ionised form diffuses).

Diffusion also depends on the pH of the milk and its capacity for binding drugs to milk proteins.

More recently, it has become clear

that drugs are also actively transported from blood into breast milk by specialised transporter proteins in mammary tissue, including transporters for anions and cations, similar to those present in liver and kidney (see second article in this series).<sup>4</sup>



Milk is slightly more acidic than plasma (pH about 7.2 and 7.4 respectively). Consequently, weakly basic drugs are slightly less ionised in blood than in milk but slightly more ionised in milk than in blood. As only the non-ionised form of the drug diffuses, weakly basic drugs diffuse more in the direction of blood to milk and less in the other direction.

Accordingly, the milk concentration of weakly basic drugs is generally higher than or equal to blood, for instance alkaloids (including morphine and nicotine) and antihistamines.<sup>5-7</sup> Conversely, weakly acidic drugs are generally less ionised in milk than in blood, so diffuse more from milk to blood than vice versa. Likewise the milk concentration of weakly acidic drugs such as barbiturates and penicillins is generally lower than or equal to blood.<sup>5-7</sup> Insulin and adrenaline are not excreted in breast milk.

The effects of a drug from breast milk in infants up to one year old can be exacerbated because the twin detoxifying processes of drug metabolism and excretion are up to 90 per cent slower in infants than in adults.<sup>6,7</sup> Caffeine is excreted in breast milk and may accumulate in infants because they cannot efficiently excrete it. Drugs with long half-lives can occur in breast milk for a prolonged period after dosing. For example, cocaine and the active principle of cannabis, THC, are excreted into milk for 24 and 48 hours respectively.<sup>5,6</sup> Diazepam is contraindicated in nursing mothers because of its long half-life.<sup>7</sup> Guidance on the suitability of individual drugs for use in nursing mothers is available online from the NIS.<sup>8</sup>

## Expired air

Expired air is an excretion route for volatile compounds such as gaseous anaesthetics and ethanol. Nebulised drugs such as aminoglycosides, beclomethasone and salbutamol, although absorbed via the lungs, are excreted mainly in the urine or faeces.

Breath tests, which measure  $^{13}\text{CO}_2$  or  $^{14}\text{CO}_2$  formed as a metabolite and excreted in expired air, are non-invasive ways of measuring the activity of the drug metabolising CYP enzymes *in vivo* and of detecting the gastric ulcer-associated presence of *Helicobacter pylori* bacteria. For the detection of *H. pylori* the patient drinks a solution of urea labelled with  $^{13}\text{C}$ , which becomes

metabolised by the urease enzyme of any *H. pylori* present to  $^{13}\text{CO}_2$  that is exhaled and assayed.<sup>9</sup>

CYP activity is measured by administering a drug, such as erythromycin or caffeine, in which an  $-\text{OCH}_3$  or  $-\text{NCH}_3$  group has been prelabelled with  $^{13}\text{C}$  or  $^{14}\text{C}$ . This carbon is released when the drug is metabolised by CYPs and is exhaled and assayed as  $^{13}\text{CO}_2$  or  $^{14}\text{CO}_2$ .

## Saliva

Although drugs are secreted in the saliva, this is not strictly a route of excretion as they are generally reingested. Saliva is, however, a valuable body fluid for testing drugs of abuse, such as amphetamines (including ecstasy), barbiturates, benzodiazepines, cannabinoids (including THC), cocaine, opiates (including heroin, methadone and morphine) and steroids.<sup>10,11</sup> Carbamazepine, clonidine, codeine, cotinine (an index of smoking), diphenhydramine, haloperidol, mexiletine, paracetamol, phenytoin, quinine, theophylline and tolbutamide have also been monitored in saliva.

Only the non-protein bound fraction of lipid-soluble parent drugs is normally excreted in saliva, through a mechanism of simple passive diffusion across the cell membrane. The saliva concentration of non-conjugated steroids is similar to plasma, but for the more water-soluble steroid sulphates their saliva concentration is only around 1 per cent of that in plasma. Similarly, phenytoin occurs in saliva but its glucuronide conjugate does not.

The pKa of acidic and basic drugs affects the ratio between their saliva and plasma concentrations. An active transport mechanism contributes to the salivary secretion of penicillin.

## Sweat

Cannabis, cocaine, ecstasy, methadone and other drugs of abuse are monitored in sweat, using special analytical patches and immunochemical strip tests.<sup>12-15</sup> Antiepilepsy medicines, including carbamazepine, phenobarbitone and phenytoin, have also been monitored in sweat.<sup>16</sup>

The mechanism of excretion in sweat is the same as saliva. Basic drugs tend to accumulate in sweat because, with a mean pH of 6.3, it is more acidic than plasma.<sup>12</sup> Drug residues in hair may partly arise by diffusion from sweat.<sup>17</sup>

## Faecal excretion

Drugs and their metabolites can be secreted by the liver into the bile, and thence into the small intestine and eventually excreted in the faeces. Drugs (or their metabolites) are most likely to be excreted via the bile if they have a molecular weight above 500 and possess an anionic group. The Phase 2 drug metabolism process of glucuronide conjugation adds anionic groups to drugs and often brings their molecular weight above the 500 threshold for biliary secretion. It is, therefore, not surprising that glucuronides are frequently found among the faecal metabolites of drugs. Secretion from the liver into the bile is an active process using ATP for energy. It depends on various unidirectional transporter protein "pumps" (see *second article*).

## Enterohepatic circulation

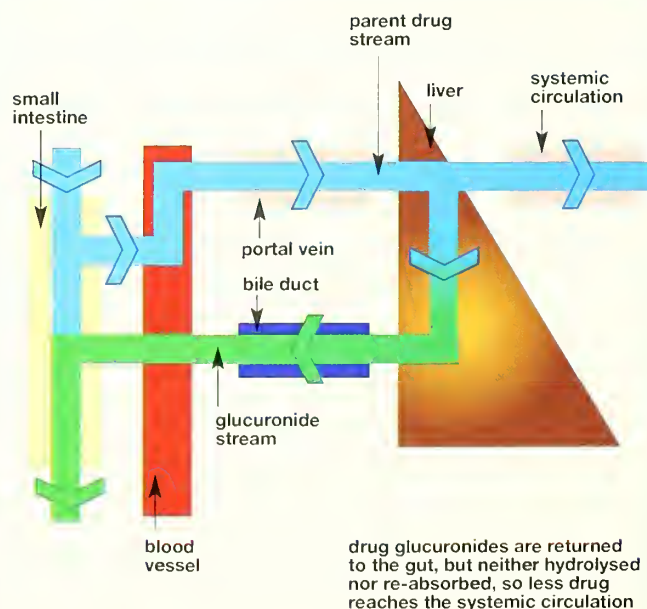
Atovaquone has a long half-life. This is believed to be a result of enterohepatic recirculation, whereby a drug absorbed from the intestine passes to the liver and thence - via secretion into the bile

- back into the intestine from where it is reabsorbed, not quite *ad infinitum*.

Enterohepatic recirculation is an important factor in the relationship between dose and blood level for many drugs. Generally it boosts the blood level of the parent drug. Most examples involve the hepatic formation of a glucuronide metabolite, which undergoes biliary excretion into the intestine. There it is reconverted by glucuronidase enzymes of the intestinal bacteria into the parent drug, which is then reabsorbed to continue the cycle (see *Figure 1*). In many cases, for example phenytoin, the reabsorbed metabolites are then excreted in the urine.<sup>1</sup> In the case of atovaquone, however, it is the parent drug that recirculates and is eventually excreted in the faeces.<sup>1</sup>

Oral antibiotic treatment that suppresses intestinal bacteria can impair the reabsorption leg of enterohepatic recirculation, resulting in diminished blood levels and lower pharmacological activity of the parent drug (see *Figure 2*). Occasional instances of oral contraceptive failure after

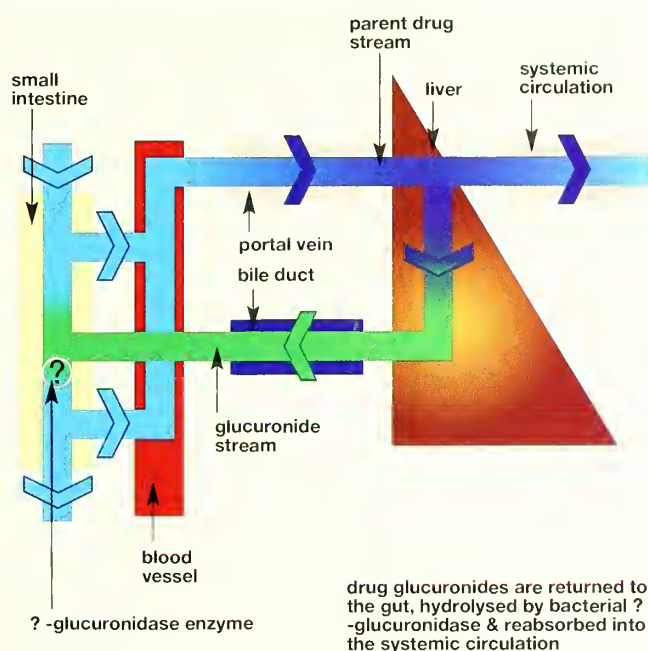
Figure 1: The enterohepatic circulation



Following an oral dose, the parent drug (blue stream) is absorbed from the small intestine into the splanchnic circulation and thence to the portal vein, the liver and the systemic circulation. In the liver a proportion of the parent drug may be metabolised to glucuronide conjugates (green stream), which may be excreted in the bile and thence into the intestine. There they may be hydrolysed by bacterial glucuronidase enzymes back into the parent drug, which can then be reabsorbed and returned to the liver and systemic circulation. Drug metabolites can also become conjugated and undergo enterohepatic recirculation, but these are not shown here for the sake of visual clarity.



Figure 2: Failure of the enterohepatic circulation



If for some reason the intestinal bacterial glucuronidases are non-functional, for example as a result of oral antibiotic treatment, then the glucuronide conjugates (green stream) are not hydrolysed back into the parent drug (blue stream) and this proportion of the dose is lost from the body by excretion of the faeces. Accordingly the amount of parent drug in the systematic circulation is diminished, possibly resulting in reduced pharmacological effects

antibiotic treatment are attributed to this effect and some experts recommend that women use other means of contraception during any course of antibiotic treatment and for two weeks thereafter.<sup>18</sup>

The balance between a drug's biliary and urinary excretion is determined to a significant extent by its pathways of metabolism and can have a major influence on its pattern of toxicity. For example, indometacin in humans is excreted mainly in the urine and causes predominantly gastric ulcers, whereas in dogs it is excreted mainly in the faeces and mostly causes intestinal ulcers. The balance of urinary versus faecal excretion of indometacin varies across a range of species, as does the prevalence of its intestinal compared with gastric ulceration. Among these species, intestinal ulceration correlates with the extent to which indometacin and its acyl glucuronide undergo biliary secretion and the extent to which indometacin is excreted in the faeces as the parent drug molecule.<sup>19</sup>

Although indometacin undergoes enterohepatic recirculation in humans, 60 per cent of a dose is excreted in the urine (mainly as metabolites) and only 1 per cent of the parent drug

is excreted in the faeces.<sup>1</sup> Once an oral dose has been absorbed there is no prolonged exposure of the intestinal mucosa to the drug, and its characteristic side effect is ulceration of the stomach.

In dogs, however, indometacin is metabolised almost exclusively by direct acyl glucuronidation of the parent drug, urinary excretion is minimal and enterohepatic recirculation predominates, continuing until most of the drug has been excreted in the faeces as the parent molecule. This causes prolonged exposure of the intestinal mucosa to indometacin, which results in extensive intestinal ulceration. Some decades ago, an early version of a sustained release preparation of indometacin had to be abandoned because it resulted in intestinal ulceration in humans – possibly because the formulation resulted in a dog-like prolonged exposure of the intestine to indometacin.

References available on the C&D website, [www.dotpharmacy.com](http://www.dotpharmacy.com)

Danny Burke is emeritus professor of pharmaceutical metabolism at the University of Sunderland and has published over 200 research articles on CYP and drug metabolism.

Table 1: Routes of excretion

DRUG	URINE	FAECES	HALF-LIFE hours/days
Amiodarone			25
Amitriptyline			30
Atorvastatin			14
Caffeine			3.5
Cannabis (THC)			3
Captopril			2
Carbamazepine			2
Celecoxib			10
Ciclosporin			13
Cimetidine			3
Ciprofloxacin			4
Citalopram			1.5
Clopidogrel			8
Codeine			3
Dextromethorphan			3
Diazepam *			1.5
Diclofenac			2
Diltiazem			4
Erythromycin			2
Ethinylestradiol			1
Felodipine			1
Fluconazole			2.5
Fluoxetine *			5
Ibuprofen			2
Ketoconazole			8
Lansoprazole			1
Loratadine			15
Losartan *			2
Methadone			2
Naproxen			14
Nicotine			2
Nifedipine			4
Ofloxacin			7
Omeprazole			1
Paracetamol			2
Paroxetine			1
Phenobarbital			4
Phenytoin ***			22
Prednisolone			3
Progesterone			1
Propranolol			5
Rifampicin			4
Ritonavir			4
Sildenafil			4
Simvastatin			2
St John's wort (hypericin)	?	?	2
Tamoxifen			7
Theophylline			9
Valproate			13
Verapamil			8
Warfarin			3

The relative sizes of the squares indicate the relative extents of urinary and faecal excretion for each drug (larger means more)

\* The half-life of pharmacological activity is longer because of persistent active metabolites.

\*\* Half-life decreases after repetitive dosing due to auto-induction of metabolism.

\*\*\* Because the kinetics of phenytoin are non-linear (that is, saturable or dose-dependent), half-life cannot be used as a guide to estimate a dosing regimen

# No risk from MMR, says Cochrane Review

There is no credible evidence of harm resulting from the MMR vaccine, a *Cochrane Review* has concluded.

From an evaluation of 31 studies from around the world, the researchers determined that "all major unintended events, such as Crohn's disease or autism, were suspected on the basis of unreliable evidence", commented lead author Dr Vittorio Demicheli.

Furthermore, the team has highlighted that the policy of encouraging mass immunisation



had eliminated measles, mumps and rubella from many countries,

pointing out that all three are serious diseases capable of causing permanent damage or death.

Another of the report's key findings was that people who argue for or against a therapy need to be sure they base their decision on evidence, not on opinion, speculation or suspicion.

Dr Demicheli added: "If this principle has been applied in the case of the MMR dispute, then we would have avoided all this fuss."

For more information:  
[www.thecochranelibrary.com](http://www.thecochranelibrary.com)

## Smoking aids prove to be beneficial in COPD

Nortriptyline and bupropion are effective smoking cessation aids for COPD patients, say researchers in the Netherlands.

Over 250 smokers who either suffered from, or were at risk of, COPD were randomly allocated to receive sustained release bupropion, nortriptyline hydrochloride or placebo.

Nearly 30 per cent of those on bupropion and a quarter of nortriptyline patients were abstinent after six months, compared to 15 per cent of the placebo group.

For more information:  
*Arch Intern Med* 2005; 165: 2286-2292

## Scriptlines

### Ciloxan

Alcon has launched Ciloxan eye ointment (ciprofloxacin 3mg/g) for the treatment of certain eye infections when known or suspected to be caused by ciprofloxacin-susceptible bacteria.

The three infections cited on the SPC are corneal ulcers, blepharitis and conjunctivitis, though the document states: "Consideration should be given to official guidance on the appropriate use of antibiotic agents." The product is licensed for use in adults, including the elderly, and children over the age of one year. Use during pregnancy and lactation is cautioned.

In clinical trials, the most commonly reported side effects were ocular reactions, including discharge and discomfort. Adverse effects listed as "uncommon" include blurred vision, hyperaemia, pruritis, decreased visual acuity, pain, tearing and photophobia.

Price: £5.49

Pack size: 3.5g

Pip code: 310-0567

Alcon Laboratories (UK) Ltd

Tel: 01442 341234

### Clarosip

A formulation of clarithromycin granules for oral suspension comprising single doses in drinking straws has been introduced by Grünenthal.

The end of the straw containing a "controller" is put into a drink and the straw sipped through to disperse the antibiotic dose.

According to the SPC, the range of drinks that cannot be used includes full fat milk, milkshakes,

drinks with particles, or hot drinks over 40°C. Carbonated drinks are recommended as they may mask the sensation in the mouth caused by the granules. However, Clarosip should not be used by patients incapable of using a drinking straw, such as children under two years.

The product is indicated for the treatment of several acute and chronic infections caused by clarithromycin-susceptible organisms, including upper and lower respiratory tract infections, acute otitis media in children, sinusitis and skin infections. Furthermore, Clarosip may be used as part of an eradication regimen for *Helicobacter pylori* in adult patients with associated ulcers.

Prices and pip codes: 125mg £6.70 319-4446, 187.5mg £9.70 319-4453, 250mg £12.70 319-4461

Pack size: 14 single use sachets

Grünenthal Ltd

Tel: 0870 351 8962

### Generic sertraline

Following the patent expiry of Pfizer's SSRI antidepressant Lustral, generic sertraline 50mg and 100mg tablets are now available from Arrow, Alpharma, Focus, Hillcross, IVAX, Pliva, Teva UK, Ratiopharm, Generics UK and Winthrop.

For more information:  
See Price List

### Promazine tabs

Promazine 25mg tablets will be unavailable from Teva UK until the first quarter of 2006.

Teva – the only manufacturer of promazine tablets in the UK – says the shortage is due to "raw

## New IUDs allowed on FP10

Four contraceptive intrauterine devices, distributed by Durbin, will be allowed on FP10 prescriptions from November 1.

The new products are: the TT380 Slimline, described by Durbin as a "flagship product" and suitable for use for up to 10 years; the UT380 and Load 375, which are claimed to be economical copies of existing popular "T" and "U" shaped devices; and the UT380 Short, which is the only short-stemmed IUD with 380mm<sup>2</sup> copper, according to Durbin.

Durbin clinic sales manager Colin Parker commented that the move followed launch of the products into family planning clinics this summer. The range is



made by French company 7-MED Industrie.

Prices and pip codes: TT380 Slimline £11.70 318-7531, Load 375 £8.00 318-7564, UT 380 Short £10.53 318-7556, UT 380 Standard £10.53 318-7549

Durbin Plc

Tel: 020 8869 6500

material supply issues". For stock queries, contact Teva customer liaison on 0800 590502, whereas all other queries should be directed to the company's medical information on 01323 501111.

## Salazopyrin suspension

Salazopyrin 250mg per 5ml suspension 500ml (sulfasalazine) will not be available through the normal supply chain with immediate effect, Pfizer has said.

The manufacturer has announced that it will be supplying the product directly "for the foreseeable future" due to stock shortages.

To place an order, contact Pfizer

customer service on 01304 645262.

## Alvedon

AstraZeneca has repackaged its range of Alvedon suppositories (paracetamol) to conform to new government legislation.

The new Alvedon packaging comprises an outer carton containing 10 individually wrapped suppositories, stored within a child resistant casing. The company says the redesign complies with new regulations relating to child resistant non-reclosable packaging of paracetamol-containing products.

For more information:  
AstraZeneca medical information  
Tel: 01582 836836.



# Teens targeted with Omega 3 oil

Seven Seas is launching a new Omega 3 supplement aimed specifically at teenagers.

Haliborange TeenSense contains 500mg of Omega 3 fish oil and comes in an orange-flavoured chewy burst capsule.

The company claims the one-a-day capsules enabled students in initial trials to perform better academically after taking the capsules than before.

The product will be supported by the £2.5 million investment programme Seven Seas has allocated to Haliborange this year. Television, consumer press and outdoor advertising will promote Teensense, along with in-store promotion

**Price: £7.99 (30-day supply)**

Pip code: 317-2046

Seven Seas Health Care Ltd

Tel: 01482 375234



## Eye spy a new range for sufferers of macular degeneration

Viteyes has launched two advanced products into its vitamin and minerals supplement range.

Sufferers of macular degeneration can now buy Viteyes AREDS Advanced and Viteyes Smokers Advanced, both of which contain 10mg of FloraGLO lutein per recommended dose.

This level is chemically identical to the lutein naturally found in foods, the manufacturer says.

The advanced formulas combine all the vitamins and minerals in the regular AREDS supplements with zeaxanthin, bilberry extract, grape seed extract and alpha lipoic acid.

And Viteyes contain no yeast, wheat, wheat gluten, lactose, soy protein, dairy preservatives, flavour or colourings, according to the manufacturer.

They are available in independent pharmacies and opticians, and the manufacturer claims they are increasingly being recommended by some of the UK's leading eye hospital departments.

**Price: 90-day supply £64.99**

AREDS Advanced Pip code: 319-5500

Smokers Advanced Pip code: 319-5518

[www.viteyes.co.uk](http://www.viteyes.co.uk)

Tel: 0845 838 6704

## Braun kicks off with World Cup

As World Cup fever sets in, Braun is kicking off a campaign offering match tickets and other football-related prizes.

An on-pack promotion will run across a range of Braun shavers – including the newly-launched 360 Complete Clean and Renew shaver – and will be in stores from mid-October until next March.

The promotion will adopt a winning code mechanic and customers will be invited to enter the promotional website.

To win prizes, the competition entrants must perform in a virtual shoot out, with the number of goals scored determining the number of prizes won.

Advertising in national newspapers and terrestrial television will support the campaign. In-store point of sale will accompany the promotion and provide retailers with eye-catching displays.

**For more information:**

[www.braun.com/fifaworldcup](http://www.braun.com/fifaworldcup)



## First winter range for Ambi Pur

Room fragrance brand Ambi Pur has unveiled its first winter collection of plug-ins and scented candles.

Fireside Glow is a warm and spicy fragrance inspired by the heat of an open fire and the scent of cinnamon and chocolate, says the manufacturer.

And Winter Dream, it claims, is reminiscent of creamy hot drinks and the aroma of baked cakes.

Both fragrances are made with pure perfume essence and are available as an electrical plug-in and a scented candle. The Fireside Glow candle is made from red wax, while

Winter Dream is vanilla coloured.

A television campaign to support the launch will run on terrestrial, digital and sky channels from this week until mid-December.

The adverts feature the Ambi Pur 'smell catcher', an animated character who scurries around homes collecting smells to make the brand's fragrances.

Plug-ins can provide continuous fragrance for up to 75 days, and candles up to 30 hours, according to the manufacturer.

**Price: Plug-in: £5.49; Refill: £3.89;**

**Candle: £2.99**

Sara Lee Household and Beauty Care

Tel: 01753 523971

## Benylin Cough, Cold & Flu Monitor

Brought to you by Benylin®

Oct 29

### 'Benylin' KEY FACTS

● Over a third of people in the South will be suffering from respiratory illness this week, almost 10% higher than this time last year

● Newcastle, Leeds, Manchester, Birmingham, London, Bristol, Brighton and Plymouth are on Advisory Status

● Coughing is the most prevalent symptom

- Normal
- Advisory
- Pre-alert
- Alert



Guaifenesin & Levomenthol

Chesty Coughs Sachets (GSL)

Visit [www.coughandcoldadvice.co.uk](http://www.coughandcoldadvice.co.uk) for more information

Further information is available from Pfizer Consumer Healthcare, Newbury, Reading, UK



# Extra-strong pain relief from Emu oil

Extra-Strength Pain Relief Oil is the latest release in Dremu's Emu Oil range.

Its 10 essential oils and plant extracts can be used to massage away pain and reduce inflammation caused by arthritis, sore muscles and bruises, claims the manufacturer Dremu.

Emu oil is also said to have antiseptic and anti-inflammatory properties which may relieve sunburn, calm redness and hasten the healing of chapped skin, according to Dremu. Emu oil is described as light, odourless and non-pore clogging, and it can also be used to reduce fine lines and wrinkles without needles, and moisturise skin better than any other natural oil, says the company.

**Price:** 4fl oz/120ml £38

Abbliss Ltd

Tel: 0800 389 4710

[www.amazingemuoil.co.uk](http://www.amazingemuoil.co.uk)



## Balm Balm now widely available

Balm Balm, the 100 per cent organic and fragrance-free lip balm, is now available through a variety of wholesalers.

Dubbed the natural alternative to petroleum jelly by its manufacturer, it can now be bought through UniChem and AAH, and is also being stocked by Lloydspharmacy.

Balm Balm contains organic sunflower oil, shea butter, beeswax, aloe vera and calendula oil. Its natural ingredients are easily

absorbed by the skin, unlike petroleum-based products that cause a barrier, says the manufacturer.

Balm Balm has celebrity backing from the singer-songwriter KT Tunstall and can be used to soothe and moisturise other areas of the body such as cuticles, elbows and heels.

It is certified by the Organic Farmers and Growers Association.

**Price:** £2.99 per 7ml jar

Pip code: 314-6560

Tel: 020 8339 0696

[www.balmbalm.com](http://www.balmbalm.com)

Lane, Horton Heath, Eastleigh, Hampshire, SO50 7DF.

**For more information:**

Tel: 02380 695550

[www.crystalspringltd.co.uk](http://www.crystalspringltd.co.uk)

## Extreme lashes

Lancôme has launched L'Extrême Lengthening Mascara Extreme Lash Extensions. Containing a combination of synthetic fibres and an adhesive polymer from 3M, the mascara coats lashes by placing fibres over their full length to give "visible lengthening".

**Price:** £17.00

Lancôme (England) Ltd

Tel: 020 8762 4040

## Kalms helps to temper the trauma of teenage tantrums

The Kalms brand will be sponsoring ITV2's new series, *My Teen's a nightmare - I'm moving out!* which airs next month.

The programme features a behavioural expert moving into a home with a problem teenager, while the parents move out, to try and improve the behaviour of the teenager.

"The sponsorship features Kalms alongside various scenarios which highlight the potential areas of stress between today's teenagers and their parents, including loud music, PlayStations

and messy rooms – with the vocal strap line: 'Kalms – a natural remedy for stress'," says the company.

"The stressful family environment featured in the series will give Kalms the perfect opportunity to deliver a targeted message to parents of both younger children and teenagers, highlighting the role that Kalms can play in relieving the pressure points in people's lives."

**For more information:**

GR Lane

Tel: 01452 524012

## TV

**Abbott Diabetes Care:** GMTV, Sat

**Ambi Pur:** All areas except U

**Cura-Heat Back Pain:** All areas except LWT, GMTV, Sat

**Cura-Heat Arthritis Pain, Knee & Wrist:** All areas except LWT, GMTV, Sat

**Haliborange:** All areas

**Lloydspharmacy raising awareness of its free repeat prescription collection service:** All areas except LWT, GMTV

**Medised:** GMTV

**Meltus:** GMTV

**Nicorette:** All areas except U, GMTV

**Paramol Soluble:** All areas

**Sensodyne toothpaste:** All areas except U, CTV, CAR, GMTV

**Settlers:** five, GMTV

**Seven Seas Cod Liver Oil:** C4, five, Sat

**Solpadeine:** All areas except U, CTV, C4, GMTV

**TENA Lady:** All areas except U, CTV, LWT, GMTV

**TENA Pants Discreet:** All areas except U, CTV, LWT, GMTV

**ThermaCare:** All areas except GMTV

**Ymea:** G, C, HTV, M, GMTV

**Vicks First Defence:** All areas except GMTV

**WindSettlers:** five, GMTV

**PharmaSite for next week:** Freederm – Window, Fluconazole – In-store, Metanium – Dispensary Pharmacy channel: Diabetes UK, Smart Cells

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

## Inbrief

### Lemsip £7m media spend

Reckitt Beckiser has pointed out that it is spending £7 million on this year's Lemsip media campaign, not £3m as stated in last week's *Winter Remedies* supplement. We apologise for the error.

### Crystal Spring distribution

The Crystal Spring natural deodorant pump spray (C&D, October 16, p23) is available from Crystal Spring Consumer Division Ltd at Fir Tree Farmhouse, Fir Tree



# Pharmacist can continue but with drug testing conditions

A pharmacist who faced the Statutory Committee after taking tablets without permission has been allowed to continue practising, providing he complies with drug testing conditions.

The pharmacist, Paul Crawford, had taken three tablets which had been returned by patients, and seven that belonged to his father, during a period when he was suffering from stress.

In September, the Royal Pharmaceutical Society's Statutory Committee heard that Mr Crawford, of Peacchaven, East Sussex, had been "turned away" by his GP who had threatened to report him for taking the pills.

The Committee was told that Mr Crawford suffered stress as a result of the "deteriorating health" of his parents and "problems with his girlfriend".

Mr Crawford, who works at a

pharmacy in Brighton, admitted taking and consuming three diazepam 10mg tablets returned by patients in September last year. He also admitted taking a quantity of temazepam at about the same time with the knowledge of his father.

He had previously been struck off for a drugs conviction following an incident near Crawley, five years ago, for which he had received a two-month jail sentence.

However, he was later restored to the Register after vowing he did not want to get in such a "mess" again.

After being told last month that he had been given help over the past year, and was being supported by his employers, the Committee imposed a reprimand with conditions lasting for three years.

The conditions are that he is

regularly tested for drink and drugs, is not involved in any sole practice, continues psychotherapy and submits to psychiatrist reports.

Imposing the reprimand and conditions, Committee chairman Lord Fraser of Carmyllie QC, said: "After very careful reflection, we have unusually resolved not to erase his name from the Register and to restrict sanction to a reprimand, although he came close to being struck off for a second time.

The Committee heard from Mr Crawford's employer, who said that Mr Crawford "is exemplary as a pharmacist."

He added: "He is gifted, extremely knowledgeable and has respect from other pharmacists and everyone who works under him."

Mr Crawford's work is in a closed pharmacy not open to the

public so he can no longer receive patient returns.

Giving evidence, Mr Crawford said he hadn't gone sooner to the doctor because of "personal pride. I didn't want to give in and felt I should be able to deal with it myself. It was a case of denial."

However, he said he now accepted there had been a breach of trust and felt deeply ashamed. "I let everyone down," he said. He considered that having received help for 12 months, he was now more confident and relaxed and his treatment has turned his life around.

Mr Crawford was struck off in May 2000 after being convicted at Mid Sussex Magistrates Court of possessing cannabis resin with intent to supply.

He was sentenced to two months in jail, and was later restored to the Register in September 2003.

## STATUTORY COMMITTEE

## Pharmacist stole tablets

A Baldock pharmacist who stole drugs from pharmacies where she worked has been reprimanded by the Royal Pharmaceutical Society's Statutory Committee.

The incidents happened in 2002 and 2003. Last year, the Committee heard the allegations against Lesley Georgina Day, but adjourned the matter for a year.

In September, after hearing that she had fulfilled the conditions imposed on her, the Committee finalised the hearing, imposing a reprimand.

The Committee had been told that Ms Day was caught with

various tablets before leaving work at Tesco's in Royston, Herts, where she had worked as a locum at the in-house pharmacy between March 2001 and June 2002.

Before leaving work on May 31, 2002, she was searched and found to have 28 temazepam and 10 spironolactone tablets. A police search of her home found 22 nitrazepam and 10 Losec tablets. She admitted she had stolen those found on her on May 31.

Ms Day had also worked as a locum at a pharmacy in Bedford, where she took 20 co-codamol tablets and 33 propranolol.

## STATUTORY COMMITTEE

## Cream error leads to reprimand

An Oxford pharmacist has been reprimanded in respect of dispensing errors from late 2002 to April 2003. The errors included supplying the wrong cream for a baby, and ear drops instead of eye drops for another baby.

Lord Fraser of Carmyllie QC, chairman of the RPSGB's Statutory Committee, said that in

view of delays the Committee considered a reprimand was appropriate in respect of Sanjay Patel, of the Chalgrove Pharmacy, in Chalgrove, Oxon.

The Committee also heard that another investigation involving the pharmacist and being conducted by an external agency was ongoing.

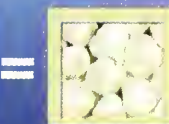
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single  
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# A nose for sales

With perfume now seen as an everyday part of the grooming routine rather than something to be saved for a special occasion, the growing fragrance market is not to be sniffed at. **Sarah Thackray** reports

When buying a fragrance, over half of women will opt for the same one they always wear.

According to new research by Mintel, only 17 per cent of women have a 'fragrance wardrobe' of brands to wear, while over a third will wear the same one all the time.

This figure is boosted by the gift element of the fragrance market, since gift buyers typically buy a brand that they know the recipient always wears.

New brands may therefore be important in generating excitement in store but they are unlikely to attract the fragrance user who is happy with the brand she uses.

## Growing market

With £472 million a year being spent on women's fragrance, the value of this growing market increased by 11.7 per cent during the 52 w/e February '05.

Both fine and mass female fragrances contributed to this increase by growing 10.6 and 22.8 per cent respectively (FNS Worldpanel).

Mintel predicts that price discounting will bring fine fragrances closer to the mass market, creating a 'semi prestige' sector.

Mass fragrances are forecast to suffer, squeezed between cheaper body sprays and increasingly affordable fine fragrances.

Mintel's research shows that Chanel No 5 still tops the list of women's fragrances – a position it has held for many years. Chanel has also achieved success with Coco Mademoiselle, Chance and Allure which all feature amongst the leading women's fragrance brands.

However, Chanel faces increasing competition this Christmas from new launches like Calvin Klein Euphoria as well as from brands such as Jean Paul Gaultier and Calvin Klein Eternity which have both become well-loved classics with a strong Christmas gift business.

There is also a trend for manufacturers to launch short-term limited editions rather than major blockbusters.

Far fewer companies operate in the mass market where there is stronger focus on the teen and pre-teen market.

Charlie has maintained leadership within the mass fragrances market, benefiting from a relaunch in 2004.

Charlie's main competitors targeted at teenagers are Exclamation and the So...? range,

although Charlie also appeals to an older consumer who may buy brands such as L'Aimant.

Mintel points out that an increase in the proportion of 15 to 24 year olds between 2000 and 2004 has been hugely beneficial to this market, since this group are highly experimental with regard to image. TGI data also shows that this group are the heaviest users of perfume. A large proportion of new fragrances are designed to target these image-conscious consumers.

## Scent wars

Superdrug hopes to capitalise on the growing fragrance market by increasing its number of perfume counters by 30 per cent in the run up to Christmas.

Currently ranked sixth in fragrance retailers, the chain plans to have a perfume department in 85 per cent of its stores. It is also introducing fragrance specialists as part of the launch of its beauty academy training scheme.

Superdrug says its shoppers will be guaranteed a permanent fragrance range at special prices. It claims: "An average basket of our top 50 fragrance lines is 20 per cent less than our nearest high street competition."

Mintel says that the

discounting activity of Superdrug and The Perfume Shop (both now owned by Hong Kong conglomerate AS Watson) has been putting pressure on number one fragrance retailer Boots.

Boots is retaliating in the run up to Christmas with a deep discounting campaign, offering up to 50 per cent off selected fine fragrances.

A three-for-the-price-of-two mix 'n' match promotion is running on all mass fragrance gift packs and fine fragrance sampler sets.

Sixty per cent of Boots's annual fragrance sales are in the 13 weeks prior to Christmas and more fragrance is sold on Christmas Eve than during the entire month of August.

Boots sees fragrance as a key part of its 'health and beauty expert' positioning and has invested in creating 'fragrance walls' in all its larger stores where fine fragrance is usually merchandised in an open-sell environment.

Mintel reports that fine fragrance is one area where grocers have made little impact. This is because the fragrance houses do not deal direct as the supermarket chains do not match up to their expectations in terms



## Top Brands

## Fine fragrance

Chanel No 5  
Anais Anais  
Jean Paul Gaultier  
Eternity

Angel  
Coco Mademoiselle  
J'Adore  
Allure

Hugo Deep Red  
Chance  
Pleasures

## Mass fragrance

Charlie  
L'Aimant  
Exclamation

The Body Shop  
Yardley Originals  
So?

Tweed  
Vanderbilt  
Source: Mintel

of store environment and proposed layout.

Those grocers who do stock perfume buy from the grey market but as supply is unreliable, they have not pursued fine fragrance as a potential growth area.

According to Mintel, Superdrug will also buy on the grey market if it cannot get supplier agreement on brands. Some fragrance houses, including Fragrance Factory and Aspects Beauty Company, supply Superdrug directly.

Mintel says that retailers who sell fragrances in an open sell environment have a real opportunity to link sell fragrances from different houses.

However, sales staff must be trained to point consumers

a Christmas gift pack.

The company's Christmas and gifting business team leader, Adam Briggs, says: "People are always looking for new and exciting gift ideas – gifts that have some 'wow' factor about them. However, traditional gift sets, which tend to retail at around £5, contribute most to the season's sales.

"The Christmas gift market offers huge potential for pharmacists but it is essential that they offer the right products and merchandise them in the right way. It's important that shoppers are aware that Christmas gift packs are available from their pharmacy so a presence in the window is very useful for attracting passers-by," he adds.

"Within the store and where

## "The Christmas gift market offers huge potential for pharmacists"

towards brands which complement ones they are already using.

Sales assistants can encourage sales of suitable alternatives by matching fragrances to others from the same family, such as 'florals' or 'orientals'.

Mintel suggests that the best option is to give customers a scented strip with the fragrance, or better still, a small sample for them to use at home.

### Gift sales

With around two fifths of women having received fragrance as a gift in the last 12 months, Mintel says that the gift market is as important, if not more so, than the self purchase market.

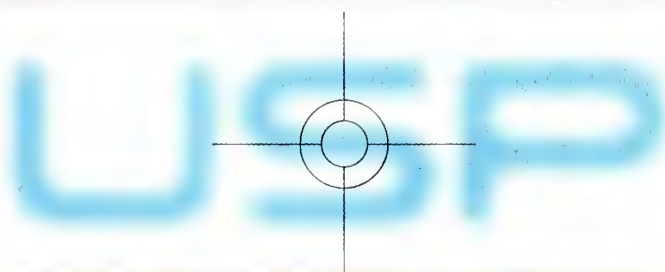
Fragrance is a relatively easy purchase especially at Christmas when products are presented in gift boxes. Unilever carries out extensive consumer research throughout the year to find out what shoppers want to see in

possible pharmacies should try to create a Christmas 'area' that helps shoppers get into a festive frame of mind."

When it comes to Christmas shopping, Mr Briggs says most consumers will visit their pharmacy in a convenience mindset. For this reason, he believes people will be happy to pay slightly more if it means not having to travel into town.

"Some shoppers, especially those in the older age bracket, prefer the simplicity of a smaller store and often find the massive choice and sales promotions available at some larger stores overwhelming," he says.

Andrew Bird, Coty's pharmacy sector manager, says that customers are looking for brand names, value for money and ease of purchase when choosing a Christmas gift. The most popular items in Coty's gift packs are eau



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\*Source: IRI, Value Sales, All Outlets 52w/e to 03 Sep, 05

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# ETP Help Desk

## Week 4

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### Q HOW WILL I BE PAID FOR DISPENSING ELECTRONIC SCRIPTS?

With Release 1 of ETP you will continue to be paid for dispensing scripts exactly as you are now, by submitting your scripts to the PPA in the usual manner.

With Release 2, there will be an electronic connection to the PPA, which will eventually be used to claim payment.

A pharmacy operating ETP will also be able to claim £200 a month from their PCT via a form available from the PPA. This allowance will be stopped if the pharmacy ceases to operate the service.

### Q WHO PAYS FOR THE NEW EQUIPMENT I WILL NEED?

All contractors will be paid a New Contract IT/ETP Allowance, which can be used to purchase the hardware and software needed. This amount has been agreed by the Department of Health and the PSNC.

All contractors will be paid £2,600 in two equal payments, £1,300 in December 2005 and £1,300 in February 2006. If the pharmacy has not deployed Release 1 of ETP by a date yet to be announced, the PCT will be able to reclaim these allowances.

A further allowance of £1,000 will be paid in 2006-7 to enable the pharmacy to deploy Release 2 of ETP. If the pharmacy does not deploy Release 2 by a specified date, the PCT will be able to reclaim this money.

### Q WHEN WILL ALL THIS START HAPPENING?

It has already started! At present AAH is the only company whose ETP software (LINKEvolution Version 8) has been through the stages required by Connecting for Health to gain approval for general release to any pharmacy.

For further information, please email AAH on  
[LINKEvolution@aah.co.uk](mailto:LINKEvolution@aah.co.uk)

AAH Pharmaceuticals Ltd., Sapphire Court,  
 Walsgrave Triangle, Coventry CV2 2TX

de toilette, body spray and shower gel.

"Price is always an important factor and we ensure that our pharmacy customers are competitive versus other retailers wherever possible. We also offer many lines which are not stocked by the grocers or discounters."

Coty sees display as a key factor

for a successful Christmas and the company provides floor standing display units to pharmacies.

"However, offer prices agreed with our pharmacy customers are often not clearly displayed at point of sale which means that consumers do not realise the strength of the proposition," says Mr Bird.

## Ideas for



campaign in the run up to Christmas.

**Coty (UK) Ltd,**  
 tel: 020 8971 1300

Bronnley has a collection of 15 different gift sets in its Christmas range with prices to suit all budgets. For under £5 there's a vintage-style bauble illustrated with a Victorian Father Christmas - a fragrant Apple Cinnamon scented soap is hidden in the bauble (£4.95).

Inside a vintage tin with a pretty floral picture are bath foam, body lotion, talcum powder and two bath soaps. The tin is available in Pink Bouquet and Apricot & Almond (£19.95).

**H Bronnley & Co Ltd,**  
 tel: 01280 702291

Morny is all set for Christmas with 14 new toiletry gift sets across its four traditional fragrances - Original Lavender, French Fern, Sandalwood and English Rose.

Gifts include tissue wrapped and boxed soaps and body powders, bath and shower gel and moisturising body lotion.

Retail prices range from £4.95 to £5.95.

**Malibu Health Products,**  
 tel: 0208 758 0055

The Lynx brand features eye-catching new slip-case packs for Christmas. A selection of 11 gift packs includes the 'Bed Babes' Pillowcase Set (£10.49) which contains Pulse Body Spray and Recover Shower Gel plus two exclusive 'Bed Babes' pillow cases.  
**Unilever UK Home & Personal Care,** tel: 020 8439 6100

One of Coty's latest fragrances - Exclamation Star - will target gift sales with a boxed set containing a trendy denim handbag, 30ml eau de toilette and 75ml perfumed body spray (£12.95).

Exclamation Original is presented in a gift pack including a 30ml eau de toilette plus a small radio (£9.95).

Coty is supporting Exclamation, L'Amant and Miss Sixty (selective distribution) with a £700,000 print advertising

Malava has introduced three festive beauty kits for Christmas. A handcare kit (£11.25) includes Collagen Hand Cream to revitalise dry and chapped hands. Eyecare and footcare kits (£12.95 each) are also available.

Malava stocking fillers include compact sets containing three 5ml sized Nail Colors which are small enough to pop into a purse or bag. The sets (£7.95) come in six different colour combinations.

**Malava UK Ltd**  
 tel: 01732 459412

The latest Hugo launch - Hugo Energise - is a vibrant fragrance with notes of pink peppercorn, mandarin, kumquat and cardamom.

For Christmas, Hugo Energise is presented in a coffret containing eau de toilette (75ml) and deodorant stick. The set retails at £35.00, offering a saving of £11.00 on normal product purchases.

**Procter & Gamble UK (Health, Beauty & Cosmetics)**  
 tel: 01932 896000

Sure Sport for Men is being launched with a choice of two



He adds: "The major multiples are well-versed at display – pharmacies still have a long way to go to catch up but they can if they are determined to do so. Good display, well-communicated offers, personal service and simply spraying fragrance testers will all help entice consumers to buy."

Coty is planning to launch a male fragrance range called David Beckham Instinct in the second half of 2006. The range will include a men's fragrance plus a selection of toiletries. Watch this space!

More women in Britain use body spray than in France, Germany, Italy or Spain. Twenty seven per cent of British women use body spray/perfumed deodorant in comparison to 13 per cent in France and 16 per cent in Spain.

Nearly half (49 per cent) of women in Britain use eau de

toilette/eau de parfum in contrast to 76 per cent of women in France and 67 per cent in Spain.

British women use fragrance products 5.5 times in an average week which is less than the French, Germans, Italians or Spanish.

Source: TNS Worldpanel

# Christmas

special edition gift sets. A rugby ball-shaped washbag gift set (£6.49) contains antiperspirant and shower gel. An exclusive rugby DVD box set includes antiperspirant and shower gel plus a DVD showing 'make or break moments' from the Lions on Tour 1971-2005.

**Unilever UK Home & Personal Care, tel: 020 8439 6100**

Crabtree & Evelyn's new Noel Collection features a box of angelic cherub soaps (£6.50 for three) as well as an individual Father Christmas soap (£2.99,



50g). The soaps are scented with a festive blend of frankincense, spices, cranberry, orange and Siberian Fir.

Other new Crabtree & Evelyn gifts include a For the Gardener Bag (£20). Flower design gardening gloves, a decorative mini poured candle, Gardeners Hand Recovery and Gardeners Hand Therapy are all presented in a canvas tote.

**Crabtree & Evelyn, tel: 020 7361 0499**

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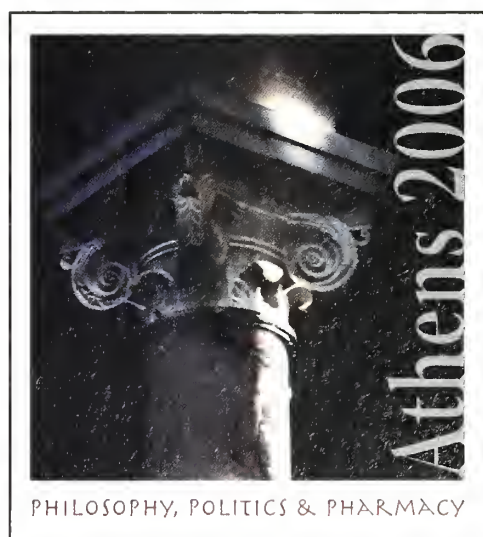
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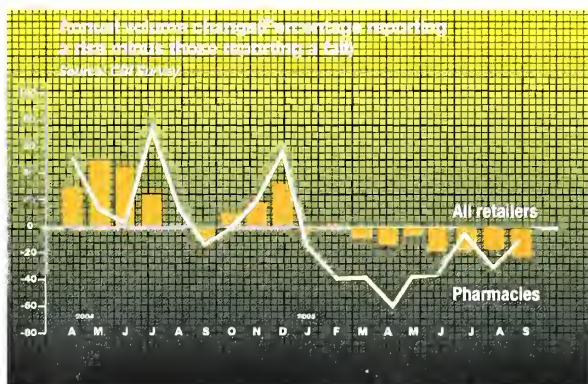




# September slowdowns

## Retail sales

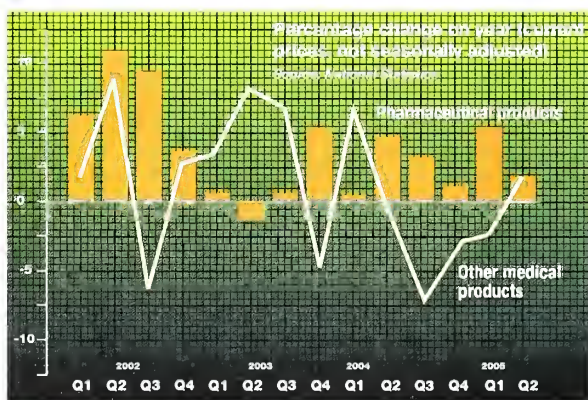
Retail sales growth continued to slow in September, according to surveys, although chemists' turnover fell less sharply. The question now is will weak consumer spending, which has been concentrated in retail goods, spread to services?



The mood of consumers is the gloomiest since October 2004, says researcher Martin Hamblin GfK, and optimism about the economy in the year ahead has also waned. In the high street total retail sale volumes fell again in the year to September, reports the CBI, at the fastest rate since its monthly survey began 22 years ago. **Pharmacists' sales** growth weakened, with a balance of 12 per cent of businesses seeing a fall in annual volume. In August, 30 per cent of chemists reported a year-on-year decline. The British Retail Consortium found **mixed sales** by chemists and beauty outlets in September, with business either flat or slowing. Demand for cosmetics improved on August's levels and cough and cold treatments improved slightly. Consumer spending on **personal care products** will be 2.9 per cent higher in value in 2006 than this year, predicts Oxford Economic Forecasting, while outlays on medical products are expected to rise by 4.4 per cent.

## Consumer spending

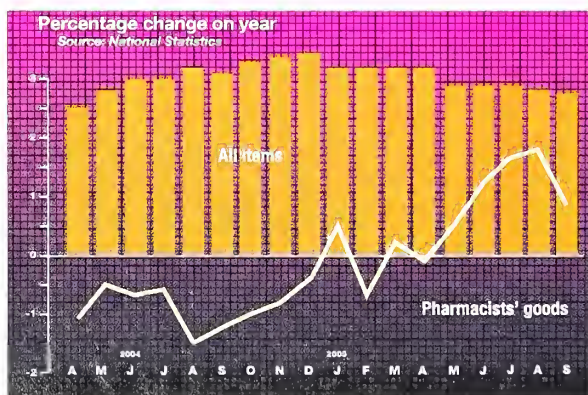
Consumer demand for pharmaceutical products rose only modestly in the second quarter, and spending on other medical products was equally lacklustre. Slow consumer spending was outpaced by the highest level of saving in two years



Official figures show consumer spending on **pharmaceutical products** rose in value by 1.7 per cent in the second quarter of 2005 compared with a year earlier, and volumes grew by a seasonally adjusted 0.8 per cent. Spending on **other medical products** rose both in value and in seasonally adjusted volumes by 1.7 per cent over the year to the second quarter. Nielsen Media Research says **advertising** of cosmetics and toiletries fell in value slightly in the year to August, but pharmaceutical advertising soared by 26 per cent. **Total consumer spending** in the second quarter grew in value by 3.5 per cent on a year earlier, and by 1.5 per cent in volume. Growth during the quarter came mainly from expenditure on housing, transport and on hotel and restaurant goods and services. Spending on recreation and culture declined. UK **production** of pharmaceutical products jumped 6 per cent in the three months to August and by 14 per cent annually.

## Retail prices

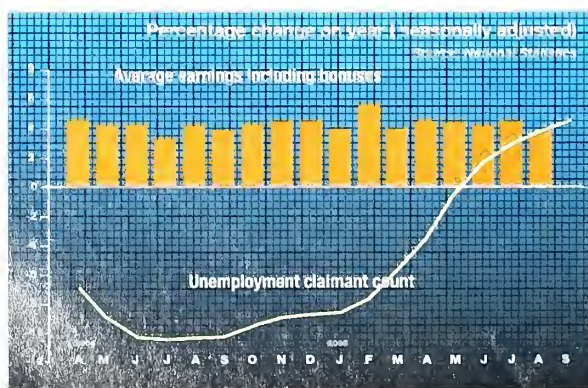
The price of retail chemists' goods continued to rise in the year to date. The annual fall in UK manufacturers' pharmaceutical prices gained momentum in September but toiletry prices were broadly unchanged



The official retail price of **chemists' goods** fell by 0.5 per cent in September, due mainly to special offers on sunscreen cream. But it rose at an annual rate of 0.7 per cent, after a drop of 1.7 per cent the previous month. The retail price index rose **overall** by 2.7 per cent in the year to September, down from 2.8 per cent in August. And manufacturers are finally passing on higher costs, with the strongest overall increase in five months to an annual rate of 3.3 per cent. But UK makers' prices of **pharmaceutical preparations** fell by 3.3 per cent annually, and **perfumes and toiletries** prices fell 0.1 per cent, according to official estimates. Lip and eye make-up prices rose by 1.3 per cent annually and dental hygiene preparations prices were up 0.3 per cent. Shaving preparation and deodorants eased by 0.9 per cent. Prices of **imported pharmaceutical** and medicinal products fell 0.8 per cent annually in September.

## Earnings and unemployment

Average earnings growth did not change in the three months to August, showing that higher inflation is not yet feeding through to wages. The number of unemployment benefit claimants rose for the eighth month in a row, the longest run since the slump of the 1990s



The UK economy grew at its slowest rate for 12 years in the second quarter as government officials revised annual growth estimates down to 1.5 per cent. But **average earnings**, including bonuses, were 4.2 per cent higher in the three months to August than a year earlier, the same rise as in July. In services they were up 4.4 per cent. **Output per worker** grew by 0.5 per cent over the year to the second quarter, down from 0.6 per cent in the first. **Unemployment benefit** claimants rose by 8,200 in September, and were up 39,500 over the year, but the unemployment rate was unchanged at 2.8 per cent. A new Recruitment & Employment Confederation report confirms that the job market is cooling as demand for staff continues to level off and skill shortages ease. Nonetheless capital **investment** in the distribution sector grew by 27 per cent annually in the second quarter, but weak consumer spending is set to push up retail **business failures**.



Jörn Runge rounds up the pharmacy news from Europe

# Eurofile update

## Austria



### Bargain vaccine

Austria's pharmacies have started a nationwide pneumococcal vaccination campaign. The main goal for the 1,200 pharmacies talking part is to reduce the danger for patients with a weak immune system of developing pneumonia, meningitis, and sepsis or inflammation of the middle ear.

To encourage uptake, the pharmacists have dropped the price of the vaccine to €25, reducing profit margins by over €30.

The campaign also includes distributing three leaflets highlighting healthier living,

balanced nutrition, and mental wellbeing. The Austrian Chamber of Pharmacists, the Fund Healthy Austria and the National Association of Full-line Pharmaceutical Wholesalers – Arge Pharmazeutika – have joined forces to launch the campaign.

Austrian pharmacists ran a vaccination campaign against hepatitis A and B in May, repeating a campaign in 2004, when about 125,000 Austrians were vaccinated.

The current level of hepatitis vaccination is about 40 per cent, but this is predicted to go up to 50 per cent over the next three years.

## Hungary



### Rebate unrest

Hungarian pharmacists are now required to pass on wholesaler rebates for prescription medicines to their patients and customers.

It is estimated that the change in the law, which has ended fixed medicine prices, will adversely affect 2,000 pharmacies in Hungary, of which around 350 are in Budapest.

The Ministry of Health says it will not reconsider. But the Hungarian Chamber of Pharmacists is not happy, saying that the new law does not guarantee stronger competition. This is because

advertising for non-prescription medicines is still not allowed so customers can not be informed about price advantages, says the Chamber.

Compared to other European countries, however, the laws governing pharmacy in Hungary are still considered to be strongly protective of pharmacists. Multiple pharmacy ownership is still not allowed in Hungary, while a new pharmacy can only be established if it serves at least 5,000 people. Another perceived advantage is that non-prescription medicines can only be sold in pharmacies.

## Denmark



### Critical review

Denmark's small pharmacy owners might be relieved that the Danish Medicines Agency (DKMA) is going to intensify controls regarding the sale of OTC products outside pharmacies.

The country started liberalising the market in 2001 when 175 non-prescription medicines were allowed to be supplied from non-pharmacy outlets including supermarkets.

However, in a review of the market, the DKMA has criticised some retailers for selling medicinal products which had gone out of

date. It was also critical of the way that some shops had put medicinal products on open display for selection by customers, when this is not allowed.

As a result retailers will face annual reviews, and the number of OTC medicinal products which the stores are obliged to sell will be reduced.

As the pharmaceutical market in Denmark is highly regulated and the consumption of pharmaceuticals is well below that of western European countries anyway the OTC market is seen as quite important for pharmacists.

## Poland



### Internet fears

Polish pharmacists are facing more competition following a change in the law to legalise the sale of medicines on the internet. Pharmacists fear this will compound problems caused by a struggling economy.

Half of Polish patients already use private health services while one in 10 avoids using public healthcare at all.

In particular, patients and customers with a monthly income lower than €150 do not buy medicines, even when they are recommended.

Over half of patients look for the cheapest offer on medicines, so a legalised internet trade is seen as the market of the future. As it is, 40

per cent of the Polish population spends less than €12 a month on medicines, and only 8 per cent pay more than €50 a month, so the internet is seen as a real threat. Polish pharmacists are arguing that allowing medicine sales over the internet would not only put the public's health at risk but would harm existing pharmacy services.

Analysts do not hold out much hope for pharmacists in convincing the government of their cause. Not only does the Committee for European Integration regard the prohibition of the internet trade in Poland as a breach of European law, but Poland is already implementing plans to decrease its spending on medicines.

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#### KEY RESPONSIBILITIES:

- Work within established editorial systems and quality control procedures to edit, proof and enter pharmaceutical data into the databases accurately and safely
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### Pharmacies For Sale

## PHARMACIES FOR SALE

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## FREE LEGAL ADVICE



Chemist & Druggist's web site – [www.dotpharmacy.co.uk](http://www.dotpharmacy.co.uk) – has introduced a service that offers pharmacists free legal advice from a leading solicitors' firm.

The service – dotLaw – is being run with the co-operation of Charles Russell, whose specialist legal fields include pharmacy matters.

Pharmacists are advised to e-mail their questions to – [pharmlaw@cmpinformation.com](mailto:pharmlaw@cmpinformation.com) – along with their full name and the name of their pharmacy.

The latter two details are for C&D's records only – pharmacists' identities will be kept anonymous when the answers are published.

All the questions and Charles Russell's replies, which will be available in two working days, will appear on a new dotPharmacy page called dotLaw.



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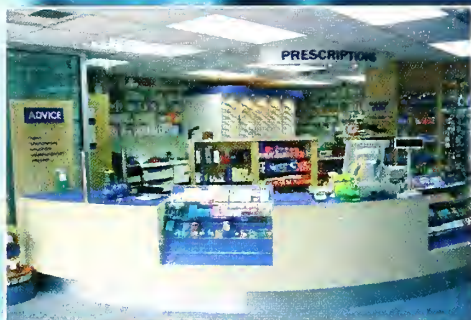




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# Back ISSUES



## Driven to drugs (well, delivering them, anyway)

Drivers from AAH and the Co-op have no need of those 'What do you think of my driving?' stickers commonly seen on the rear of commercial vehicles.

For both companies now boast 'drivers of the year' following recent wins in respective company competitions.

AAH Romford branch driver Phil Weekes is this year's AAH driver of the year, after impressing former British Touring Car champion Tim Harvey with his 'Skid Van' and vehicle load handling skills. He wins a trip to Europe for two, an AAH1 numberplate and a Driver of the Year logo for his van.

At United Co-op Healthcare, Charlie Kempton, pictured above, won the same title for his work at the Darlston Health Centre. Area manager Lee Stockton said: "He's out whatever the weather and he is determined that the medicines must get through"

## Ap on ment

**Dr June Faine** has been appointed as the new chair of the Pharmacovigilance Working Party at the European Medicines Agency. She is also on the executive board of the Medicines and Healthcare Products Regulatory Agency (MHRA).

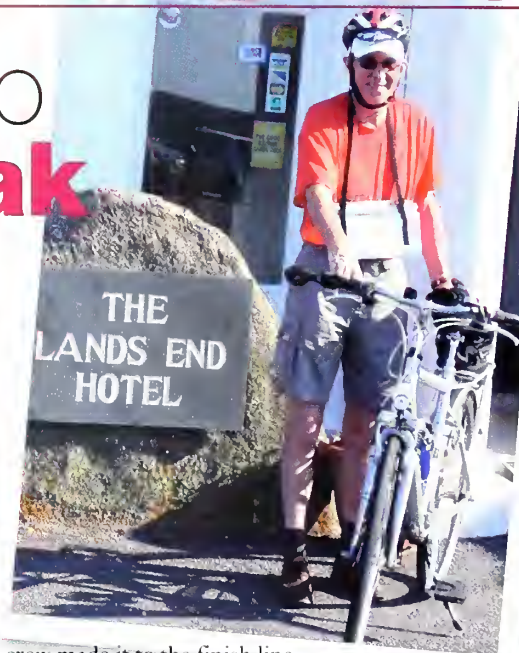
## Cycling to the peak of his career

Both congratulations and a bravery award go to Northampton pharmacist David Jeyes, who swapped prescriptions for pedal power during this summer's heat wave.

David and his family sweated it out during their 1,000 miles from Lands End to John O'Groats in July, raising over £3,000 for their local soup kitchen.

"I can't deny it was a truly amazing experience," said David, who turned 60 the day after reaching Britain's furthest point.

With no punctures and only one day of (welcome) rain, the



crew made it to the finish line – and the Champagne – in three weeks.

"I must pay tribute to my children, who bullied me along when the going got tough," said David. "Without them and my wife holding the fort at home, I wouldn't have finished it."

## 'McBill' could ban greedy obesity claims



The days of greedy Americans suing junk food firms for making them fat could soon be over.

The White House is close to passing a 'Cheeseburger Bill' that will outlaw such frivolous claims.

Also dubbed the 'McBill', it was drawn up to block the rising number of cases filed by super-sized Americans.

One half of Congress has added its support to the bill, which was the brainchild of a Mr Rik Keller.

Sadly, Mr Keller was unable to celebrate at the House of Representatives as the ban edged its way through – he was in hospital being fitted with a heart monitor.

His spokesman said his medical condition was not cheeseburger related, but he could see the irony of it.

## Lanes gears up for another 75

GR Lane's staff dressed up in various 'period' costumes to celebrate the 75 years the company has been in business. The firm, which produces brands including Olbas and Kalms, was established by Gilbert Lane in the 1930s and has since been managed by three generations of the same family. The current chairman is Gilbert Lanes's granddaughter Janet Groves. Dressed in some of the fashions of the past 75 years are, front row from the left: marketing manager Dave Cole, technical manager Paul Henly and sales and marketing director Dave Palmer; middle row from the left: IT manager Paul Whatley and Janet Groves, and, saluting at the rear, managing director George Latham





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<sup>1</sup> Reader's Digest 2005. <sup>2</sup> IRI February 2005.